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No. 1.

THE TREATMENT OF PHTHISIS PULMONALIS.

BY C. C. SMITH, M. D.

Gentlemen of the Central New York Homœopathic Medical Society:—

It is not my purpose in this paper to write upon the pathology of Phthisis; but rather to bring to your notice something which will be of a more practical nature.

As we do *not treat* Phthisis, but simply the *Phthisis patient*, I conclude, that a brief paper setting forth the *characteristics* of some of the most important remedies which are used in treating this much too fatal disease; and which, according to my experience, can be relied upon as guides in their selection, would answer a better purpose than if I were to occupy your time in recapitulating the various theories which have been put forth from time to time by pathologists, bearing upon the nature of this disease, its course, and its termination. Some of these theories are perhaps true; some, but partly true; while others are entirely devoid of truth.

First, then let us examine *Hepar sulph.* This remedy is indicated when we find the patient exquisitely sensitive to the air. She cannot bear the *least exposure* of any portion of the body for an instant without suffering a *chill*, and increasing the *cough*. I have seen consumptive patients so sensitive in this respect, that while occupying a third story room, they

would suffer the moment the street-door was opened long enough to admit of ingress or egress.

When the Hepar patient exerts himself, he *sweats easily* and *becomes pale*; this paleness is followed by *burning redness* of face, and heat of the *palms* of the hands. This drug is especially suitable for persons with *blonde* hair, whose muscles are *soft* and *flabby*, also for those who *weep* easily and are very much *depressed* and *discouraged*, especially in the morning.

Carbo veg. Indicated in persons who are troubled with *epistaxis*, the nose bleeding *very easily* and at almost any time, but generally worse at *night* and in the *forenoon*:—this is followed by pain over the chest and *paleness* of the face. The Carbo patient is also *sensitive* to sudden changes of temperature, but this is not so marked as in *Hepar*. *Hoarseness* towards evening, about 5 o'clock, is a very *sure guide* in connection with the above group of symptoms, and has been a “key note” with me for a number of years. It is similar to *Phosphorus* in this respect, but much *superior*. The *pains* complained of in the chest are of a *burning* character.

Calc. carb. I prefer this remedy in case of *women* who up to the time of the development of Phthisis have been troubled with *irregular menstruation*; the discharge coming on *too early*, say every *two weeks*, and lasting *too long*, at the same time being *too profuse*. If the patient is up and about, she *cannot ascend* the stairs without getting completely *out of breath*, and becoming at the same time *dizzy*. The patients who require Calc., *lose flesh rapidly*, and there is a constant tendency to *looseness* of the bowels, attended with *prolapsus recti*. The Calc. patient is also troubled with *hoarseness* especially in the *morning*; it is *painless* but the voice is *lost*, she *cannot speak*. The whole chest is *intensely painful* to touch. On waking up in the *morning* she feels exhausted, and continues to doze *even after getting up* on her feet. There is also present *melancholy*, in the *highest* degree.

Ferrum met. Especially useful for *women* who *blush* easily, even up to the roots of the hair, *aggravated* very greatly by

partaking of *wine*. The Ferrum patient is also subject to *epistaxis*, which may be *alternated* with *spitting of blood*. The pains in the chest are *fugative* flying from *point to point*; she *cannot locate* them. If the menses have not ceased, the discharge will be *watery*.

Spongia. A leading indication for this drug is the severe *dyspnœa* on lying down. *Exhaustion* after *every exertion*, the chest being particularly affected. If she attempts to walk out for exercise, she suddenly grows *weak* and *totters*. *Hoarseness* with *sudden giving way of voice* while speaking. The patient complains constantly of *chilliness* in the *back*, which is *not removed* by *artificial heat*; yet, if the room becomes *too warm*, the *cough* is *increased*. If any other drug is needed after this, *Hepar* should be studied.

Sulphur. *Burning of the feet* especially at *night*; cannot bear to have them covered. *Flushes of heat* to the *face*. *Diarrhœa* coming on *early* in the *morning before rising*. The Sulphur patient is very apt to complain of *cramps*; these may be in the *calves* while lying in bed, or in the *soles* of the *feet* when walking about the room. Sudden *arrest of breathing* when *turning over in bed*, *relieved* by *sitting up*. During paroxysms of cough, the patient complains of the *lungs touching the back*. The throat is *rough* and *dry* with *burning* sensation. *Hoarseness* in the *morning*. If sulphur has a salutary effect, an *eruption* may appear upon the skin, boils may crop out, or there may be a great deal of *itching* without any visible eruption. If this should occur, *suspend all remedies*, and wait. *Improvement* of all symptoms will be quite sure to follow.

Phosphorus. A prominent symptom indicating this drug in *Phthisis*, is a sense of *goneness* in the region of the stomach, or a feeling as if the *stomach* had been *removed*. *Hoarseness* in the *evening* amounting to complete *aphonia*. Cough *worse before midnight*, *dry* and *tight*, *very tormenting*. *Painless diarrhœa*, *puffiness* around the eyes. *Night sweats* especially *during sleep*. The *cough* is *worse* from *eating* and *drinking*, and causes a *bursting feeling* in the head: *Aplth* over

the roof of the mouth; the tongue also being covered with aphthous patches.

Kali carb. Puffiness over the eyes. The pains highly characteristic of this drug are stitching, and they may be felt not only in the diseased lung, but all over the chest, and in the eyes, ears and teeth.

Myrtus communis. I have verified the symptom of this drug (which I consider characteristic), viz.: Stitching pain in left chest from upper portion straight through to left shoulder blade; worse when taking a long breath or coughing. This drug also has burning pain in left chest with throbbing, aching and tickling. It has been found curative in hepatisation of left lung.

Sanguinaria. Has also like *Phos.* a feeling of emptiness or *goneness* in the region of the stomach, but it occurs particularly after eating. Flushes of heat to the face similar to *Sulph.* but leaving behind them circumscribed red spots on the cheek similar to *hectic*. Constant tickling at the entrance of larynx causing continuous cough, which is worse in the evening, on lying down, with a crawling sensation extending down beneath the sternum, chest sore and painful to the touch. (Calc.) Sensation of a hot steam passing from chest to abdomen. Patient complains of cold hands and blue nails. The breath and sputa smell badly even to the patient. *Dyspnœa extreme.* Disposition to take a long breath, which is followed by intense pains in right side of chest. Great lassitude, especially in the morning. Does not want to move or make any mental exertion. Stools predominantly loose. The cough is relieved by passing flatus upwards and downwards. This is, of course, but temporary.

Sanguinaria should be thought of first, perhaps, in Phthisis occurring in syphilitic patients.

DISEASES OF THE DIAPHRAGM.

BY PROF. BUCHNER, OF MUNICH.

(Translated by Samuel Lilienthal, M. D.)

Atrophy of the diaphragm exists with general muscular atrophy especially in old age, in adhesions of the plural sacs, and causes, like sinewy degeneration of the serosa in hepatic diseases, the symptoms of paralysis. *Dislocations* are observed, in cancer of the stomach, upwards to the third rib, downwards by pleuritic exudations of the crura diaphragmatica, forward by medullary cancer of the kidneys, which in one case reached to the abdominal walls. The dislocation, as such, is no object of treatment, but it must be considered in relation to diagnosis, though the liver and heart remain the best physical points for examination.

In the thymus-gland the agglutination of the pericardium with the parietal surface of the diaphragm has been observed. *Expansion*, and, therefore, thinning of the diaphragmatic muscles may be caused by excessive labor, during gymnastic exercises, and may become symptomatically dangerous in intensive diseases of the thoracic and abdominal organs, for instance pneumonia and typhus, inasmuch as it contracts too much the space in the chest, disturbs circulation and nutrition, presses the abdominal organs too much upwards on account of counter pressure, and produces as sequels, chronic hyperæmia of the liver, etc.

Diaphragmitis, just like spasm of the diaphragm, may attack the muscular or tendinous part, the pleural or peritoneal coat, and is in most cases caused by some disease of adjacent organs, as threatening perforation or perforation of a chronic ulcer of the stomach. An inflammatory proliferation of the serosa with nutritive exudation usually takes place, more rarely sinewy degeneration, still rarer interstitial inflammation. In small children, even in the fœtus, agglutination of the diaphragm with the pericardium, hence dislocation of the heart and of the large blood-vessels, hypertrophy of the left heart, death with or without granular degeneration of the kidneys, have been observed. The inflamed diaphragm is more or less paralyzed according to the quantity of croupous deposit, and respiration is in the same degree difficult. Albuminous infiltrations cause less sensible disturbance, serous ex- and

transudations give only a few phenomena, but severe ones. Albuminous inflammation of the pleura and its sequels in the form of diaphragmatic asthma, renal calculi and morbus Brightii may affect the diaphragm in different ways, from simple spasm to a full inflammation. The latter was four times observed in 551 cases of Bright's disease.

The *chief remedies* are nearly the same as those we use in inflammation of the serous membranes. In the beginning *Aconite*, not only to moderate the fever and the pain, but also to limit the exudation as much as possible, and in a rheumatic stormy hyperæmia, its beneficial effect is quick. Our chief reliance, as in all affections of serous and partly also of fibrous membranes, remains *Byronia*, followed by *Sulphur* or *Hepar* in fibrinosis; by *Kali* in gelatinosis; *Calc. arsen.* in anæmia, etc., which, given after *Bryonia*, strengthens resorption or organization and reduces it to a minimum, which is especially necessary in interstitial inflammation.

Where *Bellad.* is indicated, *Byronia* cannot be suitable, and *vice versa*. Weak minds escape all trouble by uniting both in an unsuitable wedlock, and thus show to the laity how little they know. *Bellad.* is especially indicated where the muscles are affected, especially the crura, in plethoric persons; in co-affection of the liver, be it the parenchyma or the peritoneal coverings; in inflammatory and colicky pains from incarcerated concretions in the liver and kidneys; in pylephlebitis; in puerperal affections, with a great deal of pain in the head from active hyperæmia and all the other manifestations depending therefrom. We prefer *Atropine* for inflammatory and especially spasmodic pains from irritation of concretions, or from hyperæsthesia of the nervus diaphragmaticus, whereas in purely nervous affections *Stram.* acts better. *Atropine* holds the middle ground between *Bellad.* and *Stram.*

The cases where *Mercurius* as a consecutive remedy on account of lymphatic, syphilitic basis, (*Aurum, Cuprum*) may be used, are rare, as such morbid states lead more to organic changes of the liver than of the diaphragm. *Colchicum* has in arthritic states a similar action to *Bryonia*, only the symptoms of *Colch.* are more albuminous, less energetic, even more serious; whereas those of *Bryon.* are more fibrinous,—a state entirely opposite to *Colchicum*.

Where persons of a nervous habit are attacked by the disease, the muscles suffer more than the nervous membrane: the pain is therefore less severe, but instead, boring or tearing.

with nausea, and if very extensive, with vomiting. *Nux. vom.* acts well. *Morphine* in great jactitation, albuminous redness, impossibility of sleeping from dyspnoea and extension of the disease, hyperæsthesia of the nerves, changing pulse. It is well known that morphine at least palliates and leads the way to *Tobacco*, which finds application in prevailing sufferings of the muscular membrane of the crura from renal calculi, especially when incarcerated in an ureter. The difference between Bell. and Tab. is, that the former contracts the circular muscles, the latter the longitudinal ones. *Stram.* must be thought of where we have a mixture of hyperæmia and spasm, of diseases of the spinal cord and of the diaphragm, singultus, sympathetic spasm of the glottis and similar manifestations.

Dulcamara is indicated in simultaneous rheumatic affections of the spinal cord. In co-affection of organically diseased hearts we may study *Spig.*, *Laur.*, *Cann.*, *Veratr.*, *Ars.*

Digitalis acts well in persons who have suffered from inflammation of the serous membranes, especially from pleuritis, and in consequence of it have become anæmic. After rheumatic influences they are frequently attacked with inflammation of the crus of the opposite side. The pain is not so much stitching as grasping. Vomiturition or vomiting, according to the severity of the paroxysm, oppression great in the centre of the chest, breathing difficult, more frequent than normal, 32; the pulse in the beginning suppressed, quick, nails blue, the face long and cold. In spite of the anæmia the patient cannot bear a high temperature, even during reaction. The patient sits rather than lies down. Sensation of weakness soon passes off.

Anomalous osseous substances, arising from former organisable pleuritis, is sometimes cast off and causes, mechanically, diaphragmitis. The remedies vary according to the constitution of the patient.

Neoplasmata of the diaphragm are hardly ever recognized during life. There are ever so many things in the study of medicine which are passed by during the curriculum of studies, partly in order to show off science as something stereotyped, partly in order to send off the youngsters as perfect, according to the dictum of their preceptors.

Rupture of the diaphragm causes death by suffocation. Perforation is caused by aneurism of the aorta, abscesses of the lungs and pleura, more frequently by carcinoma of the abdominal organs, softening of the stomach. Where adhesions fail

to take place on the serous surface, fatal inflammation arises in the pleura and peritoneum.

Singultus consists in short, severe, involuntary contractions of the diaphragm, whereby the abdominal organs are pressed and pushed forward, and a short inspiration takes place during a contraction of the rima glottidis. It may even happen, in severe cases, sixteen times a minute. It arises in consequence of quick overloading of the stomach, by too cold or too hot beverages, after and during inflammations of abdominal organs, frequently in hepatic diseases, colic from biliary calculi, granulated liver, especially if the muscular coat is atrophic and at its expense the serous membrane hypertrophied from former inflammations, more rarely in typhus, cholera, hypertrophy of the left heart, morbus Brightii, with vomiting and diarrhoea. We once met singultus in albuminuria, which lasted off and on for seven years. We find this disease in children after chilling the hands and feet. Death may set in from paralysis of the diaphragm, especially when other organs are not more intact, and where Opium will certainly fail to restore their function. According to the cause the remedy will vary. *Nux* after cold drinks; *Veratrum* after hot drinks; *Puls.*, *Ars.*, after cold fruit; *Hyosc.* acts well in abdominal inflammations and diseases; more frequently applicable in hyperinotic inflammations; *Ruta* is useful in depression indirectly by its specific resemblance to Camphor; but *Stramonium*, internally and externally, acts directly in the most severe and obstinate cases. In children *Ignatia* is frequently indicated, but we prefer *Stram.*, where they are restless and cry much at night. Others praise *Zincum*, *Bismuthum* and other nervines. In grave diseases singultus in irregular intervals is worse than when regularly appearing with every respiration.

Neuralgia of the diaphragm requires *Atrop.*, *Rhus*, *Mezer.*; after becoming rooted, *Silic.*; in intermittent neuralgia, *Ignat.* and the arsenical salts.

Veratrum cures spasm of the diaphragm during stormy south winds, in sensitive persons with cold hands, great oppression and periodical anguish. *Stram.* and *Cuprum* may also be thought of in such cases, therefore *salve meliori*.

Hirschel's Klinik. No. 6, 1873.

DYSENTERY AND ITS TREATMENT.

BY COATES PRESTON, M. D.

(Read before the Hom. Med. Soc. of Chester, Delaware and Montgomery Co's., Pa.)

THIS much dreaded epidemic has no especial localities in which to claim a supremacy, but visits the highlands and mountainous districts as well as the low, marshy flats; and so far as my observations extend, those miasmatic sections where intermittents are so prevalent, are less frequently visited by dysentery in epidemic form than more elevated places. The nature of the disease itself is so well understood by most intelligent physicians, that I cannot hope to enlighten the members of this society on the subject before us.

The inflammatory character of the disease, and the seat or locality of the invaded parts which comprise the colon, cæcum and rectum, embracing the large intestines, is, I believe, a matter of no dispute among physicians; yet I cannot agree with some authors, and Raue among the number, that dysentery is a sequela to diarrhœa, or rather, that diarrhœa almost always precedes dysentery. On the contrary, I have long entertained the opinion that dysentery either immediately or remotely follows constipation, and is itself a species of constipation, acute and inflammatory in character.

The inflammation of the mucus surface of the large intestines induces the great urgency to stool with tenesmus which are almost always attendants of dysentery, and the greater the inflammation the more danger of ulceration, or even perforation of the bowels, which is not unfrequently a sequela in fatal cases of dysentery; but, thanks to homœopathy, fatal cases are of rare occurrence in our treatment.

On the treatment of dysentery I shall endeavor to be brief. The time was when I could have written volumes on the subject, recounting the brilliant cures I had made with low potencies in rapid alternation, on the "doubled-barreled" principle. Did I say brilliant cures? Yes, there certainly was some brilliancy in getting my patients well at any cost, and

if three or four weeks were employed in the achievement, I at least retained the confidence of my employers, for they, like myself knew no better way ; and even at this wretched speed I gained quite a reputation for curing dysentery, for the reason that my patients nearly all got well, while my old school neighbours hurried many out of existence with their poisonous drugs in massive doses.

But thanks to wiser and more progressive men of our profession, for teaching me a shorter and more effectual method of curing this disease, with less than one-half the labor and time I gave to my patients when I treated them in the old way. I learned to get along with a very small number of remedies in dysentery, frequently giving but a single remedy in my gravest cases, and only repeating it a few times and sometimes not at all, but never giving it in a lower potency than the 200th. By universally adopting this treatment, I cure my patients in from three to six days. The average period I am sure is not over five days, and perhaps rather less.

I know it may be said that we do not have the most malignant form of dysentery in our locality, which may be true ; yet we have about the same material to deal with that visited us ten years previously, when it required from three to four weeks to effect my cures, or rather to permit my patients to get well on low potencies in frequent alternation.

Now, the great change is not so much in the selection of the remedies, for greater labor was bestowed in selecting remedies then, when they were used in low potencies and alternated in rapid succession than now, and I used to wonder when I tried so hard to get the right remedy, and did not even trust to a single medicine but put in two in order to cover all the symptoms, that my patients were so slow to get well ; but when I became willing to profit by the experience of those who had used the more attenuated medicines successfully, giving only a single remedy and that in a high potency, my eyes became opened to the fact that I had hitherto been merely skirmishing with the disease and sufficiently holding it in check to avoid

fatal results, instead of meeting it in its citadel of strength with the dynamic force of highly attenuated medicine, and at once routing it from its stronghold. And this latter experience of nearly ten years has fully confirmed my belief that a remedy should never be given to a dysentery patient in a lower potency than the 200th, and should not be alternated under any circumstances, and generally used at long intervals.

As to the remedies most indicated, the symptoms in individual cases must be our only guide, and these are to be found in our works on pathology and materia medica, and it would be doing injustice to this society to consume our valuable time in repeating them here.

In my own practice, I seldom have to go beyond two remedies, which are *Nux vom.* and *Merc. viv.*; one or the other of these remedies cures a large majority of my cases. As I assume that dysentery is a species of constipation and just the kind that *Nux vom.* corresponds to, it becomes a leading remedy with me in this disease, and stands next to, if not above *Mercurius*. It is true I sometimes have to resort to other remedies, such as *China*, *Coloc.*, *Ars.*, *Carb. veg.* and *Sulph.*, being careful that the remedy is strongly characterized by the symptoms and given only in a high attenuation, when good results are sure to follow.

In conclusion I must venture the assumption, that all physicians who persist in the use of low potencies in the treatment of dysentery, either singly or in alternations (but to a greater extent in alternation), necessarily increase the number of their visits, and therefore profit by the prolonged suffering of their patients and the pecuniary loss of their employers.

To show the prompt and decided effects of *Nux vom.*^{2c} in many cases of dysentery, I present a few cases taken from an old note-book.

1. April 26th, 1871. called to see E. H., aged 35; had been having dysenteric discharges for three days, stools rather copious and as often as every hour. Greenish mucus mixed with blood. Gave a single dose of *Nux vom.*^{2c} followed by the

Sac. lact. On the following day the patient was quite comfortable, the dysenteric discharges having ceased; no further treatment required.

2. March 30th, 1872, saw J. D., aged 50; had diarrhœa two weeks previous to above date which was checked with a dose of *Ars.*²⁰. He now complains of much pain and straining at stool with small passages of bloody mucus numbering about eighteen in twenty-four hours. Loss of appetite with much prostration. I gave one dose of *Nux vom.*²⁰ and blank powders to take until my next visit. On the following morning he reported much improvement, having had only two passages in the interval, with comparatively little pain, and on the following morning, April 1st, found improvement had continued, and in a few days he was able to attend to business. The single dose of *Nux vom.* was the only medicine used.

3. April 22d, 1872, called to see R. A., aged 48; has been suffering with dysentery four or five days. From twelve to fifteen stools in twenty-four hours of slimy mucus streaked with blood. Stools small with much tenesmus and pain in the bowels. Gave two doses of *Nux vom.*²⁰ to be taken at intervals of twelve hours, and blanks to last two days, as I could not see my patient sooner. April 24th, the patient had but two stools in the last twenty-four hours, of healthy appearance and without pain; discharged without further treatment.

4. April 26th, 1872, called to see Lucy H., aged 12; had been suffering four weeks with constipation; was taken April 22d, with frequent inclination to stool, and much pain and straining with ineffectual efforts to evacuate the bowels, which symptoms continued to increase for three days, when she commenced to discharge small quantities of jelly-like mucus streaked with blood; passages occurring every few minutes, with tenesmus and great pain, causing her to scream out when at stool. I gave one dose of *Nux vom.*²⁰ followed by blanks. In six hours after she had a healthy stool with little or no pain. On the following day I visited her and learned that her bowels had not been moved since the healthy stool on the previous

evening, and she was quite comfortable. Left no medicine, and she has required none for either dysentery or constipation since; a period of more than two years.

5. June 28th, 1873, called to see Miss E. C., of frail constitution; had been in bed two days with dysentery. The mother was greatly discouraged on account of her daughter's condition, expecting to have a tedious spell of nursing. Miss E. was complaining of much pain in the lumbar region with considerable fever and headache. Scanty passages from the bowels occurring about every hour, of bloody scrapings, with great tenesmus, requiring her to sit a long time at stool, with much prostration when rising. Gave a single dose of *Nux vom.*^{2c}, followed by *Sac. lact.* June 29th, great improvement, having had but three stools in the last twenty-four hours, of more healthy character, with but little pain. Pain in back much better, but still complaining of headache. Continued the blank powders. Yesterday, June 30th, headache had disappeared, and had in the last twenty-four hours but a single passage from the bowels, of healthy character and without pain. Patient looking cheerful and feeling like rising; discharged without further treatment.

BRIGHT'S DISEASE OF THE KIDNEYS.

BY I. D. JOHNSON, M.D.

(*Read before the Hom. Med. Soc. of Chester, Delaware and Montgomery Cos., Pa.*)

It is but a few years since the attention of medical men was called to the peculiar features of this disease by Dr. Bright, of London. That it existed long before his day, will scarcely be doubted by any, and that it is rapidly on the increase at the present time, must be patent to every observing physician.

Thus far it has proved a most formidable disease, defying the best resources of physicians of every school, and proving fatal in almost every instance. The different theories advanced by writers concerning its nature and pathological phe-

nomena, have but little claim upon our attention, and I do not propose to speculate on the subject here. I simply desire to call your attention to a very interesting case which has recently come under my observation, and its successful treatment by a highly potentized remedy.

Mr. W. P. J., aged 49, dark complexion, of slender stature, carpenter by occupation and a hard worker. The history of the case is as follows: In the early part of January, 1872, he was much troubled with dizziness, or a sensation of whirling in the head; bruised pain in the region of the kidneys when stooping or moving about; general weak feeling and want of energy. In the month of March ensuing, commenced passing bloody urine, accompanied with a dull, aching pain in the renal region, and a drawing, cramp-like sensation in the direction of the left ureter, extending to the bladder; urine thoroughly mixed with blood and voided without difficulty.

He now consulted a homœopathic physician, from whom he took various remedies, which gave only temporary relief from his suffering, while the character of the urine remained unchanged. After pursuing this treatment for several months, he applied to an allopathic physician, from whom he obtained no better results. In September he consulted an eclectic physician who has some notoriety for curing urinary diseases. After examining the urine, he declared that the blood never came from the kidneys, for "if it had," said he, "the patient would long since have died." For several weeks he took medicine from this physician, but grew so much worse, and was compelled to take his bed and abandon the treatment.

At this stage of the proceedings, November 1st, I visited the patient and noted the following symptoms: The urine consists of a dark-red or blackish fluid, thoroughly mixed with blood, which, after standing, deposits a sediment resembling burnt-umber mixed with oil. In decanting, it adheres to the vessel like paint, at times it is bright red and deposits a sediment of pure blood, at other times it is the color of strong chocolate, with a sediment like brick-dust. He passes

about three pints of this kind of urine per day, without difficulty, except occasionally much effort is required to expel the first portion, owing to its density. There is tenderness to pressure over the region of the kidneys, and a burning, smarting sensation, as if a hot poultice were applied to the parts; dull pain in the back; contractive pain at times in the region of the left ureter, which does not permit him to straighten the body; vertigo, particularly when lying quiet in bed; head feels as large as a half-bushel; palpitation of the heart, relieved by change of position; at times sharp pains in the region of the kidney; sensation of constriction across the epigastrium; jerking of the lower extremities at night, so violent at times as to almost throw him out of bed; frequent shocks through the whole body; very wakeful, does not sleep five minutes some nights; much reduced in strength and flesh; good appetite, no thirst; bowels slightly constipated, stools scanty and very dark colored; skin pale and anæmic.

Treatment: Prescribed *Terebinth.*⁶, a dose three times a day for a week. While taking this remedy, he passed nearly a quart of clear urine two days in succession; this he had not done before for eight months. Omitted medicine for a week without perceiving any improvement. *R. Natr. mur.*³⁰, a dose night and morning.

November 23d. Complains of inability to sleep, particularly in forepart of the night; pain and stiffness in the back which compel him to change his position often; urine the same. *R. Rhus tox.*⁵⁰, a dose every six hours.

November 25th. Called in council Dr. Preston, found the patient a little more comfortable. Continued the *Rhus*.

December 4th. Is much the same: sleeps very badly and passes large clots of dark coagula with the urine. *R. Lycop.*²⁰, a dose night and morning for a week.

December 21st. Sleeps a little better; burning and smarting in the region of the kidneys; much dizziness; palpitation and fluttering of the heart. *R. Hepar*²⁰, night and morning.

December 28. Feels a little more comfortable. *R. Hepa*²⁰, one dose every evening for four days.

January 6th. No change for the better. Upon a close examination of the urine, small "epithelial casts" could readily be seen. By heating a portion of it in a watch-glass and adding a few drops of Nitric acid, an albuminous cloud at once made its appearance and was soon precipitated. Patient very weak and cannot rest at night; burning and rawness in the region of the kidneys much worse; hands and fingers swollen and very stiff; slight œdema of the upper eyelids. *R. Arsenicum*³⁰ every six hours.

January 10th. Rests better at night; burning in back better; urine the same, is thoroughly mixed with blood and contains large quantities of albumen, which is plainly visible. *R. Sac. lact.*

January 17th. No better; urine almost black with a sediment like coffee-grounds; after standing a short time, an albuminous ring three or four inches in diameter forms upon the surface, which is so tenacious that it can be lifted out of the vessel almost entire.

From this time forward until the middle of March, the patient received successfully, *Arsen.*, *Eupat. purp.*, *Phosphor.*, *Kali carb.* and *Sulphur*, the attenuations ranging from the thirtieth to the two hundredth, without producing any perceptible change for the better.

March 22d. At the instance of Prof. Guernsey, the patient received *Helonias*^{45m}, a dose night and morning for five days, and then await its action.

April 10th. He has now been without medicine eleven days since taking the *Helonias*, and there are no indications of improvement; on the contrary he has steadily grown worse; the urine still presents the dark, bloody appearance and is largely supplied with albumen, not less than two table spoonfuls of this albuminous matter being passed with each emission, which, to use the patient's own language, seems "to take the very life out of him;" is very weak, can hardly raise

his hands to his head; pulse one hundred and intermittent; much tough mucus in the mouth and throat, with almost constant nausea; no appetite and but little sleep.

Dr. Preston, whose council I had received from the beginning in this case, now suggested *Berberis vulgaris*, which was given in the 2^c potency, a dose every six hours. On the third day after taking this remedy, the patient was seized with a severe drawing pain in the region of the right kidney (had never experienced any pain on this side before), which extended down the course of the ureter to the bladder and testicles, with frequent desire to urinate, passing small quantities of *clear urine*. While suffering thus, several dark cylindrical pieces, about an inch and a half in length and of the diameter of a rye-straw were discharged with the urine, after which the pain subsided, and with it all traces of albumen which had been so abundant; applied the Nitric acid test, but could discover none whatever; urine still remains bloody. *R. Sac. lactis*.

April 19th. Feels stronger; sleeps much better; has very little burning in the back; a good appetite; urine not so dark and more abundant. *R. Berb. vulg.*³⁰ three doses, one every night.

April 30th. Still improving; urine contains less blood and settles clear after standing. *R. Sac. lactis*.

May 9th. The urine to-day, for the first time in fourteen months, has been entirely clear, not a speck of blood or albumen does it contain, and at the present writing, June 28th, (over seven weeks) it has remained the same. He has been gradually gaining strength, and gives every promise of soon being restored to perfect health.

Whether *Berberis* will be found to exert a salutary influence on other and similar cases of albuminuria, remains to be proven, and I hope we may embrace the first opportunity to test its merits and report accordingly.

CASTRATION.

BY H. S. HOFMANN, M.D. AND C. P. SEIP, M.D.

(Read before the Hom. Med. Soc. of Pennsylvania.)

G. A——, æt. 33. Six years ago contracted syphilis, just previous to crossing the plains to California. He remained for several weeks at St. Louis, under medical treatment. In six weeks the chancre had healed, and nothing more was thought of the disease till two years ago.

Before proceeding any further with this subject we will give the history of the patient, which may be interesting to many of the profession. About a year after he had contracted syphilis, he was troubled with constipation, going without a stool for a whole week. When speaking on one subject he would involuntarily turn off upon something else. This troubled him very much, from the fact that it occurred so frequently, and it was with difficulty he could make himself understood.

These symptoms continued for six weeks, when he concluded to return home. The first city to which he came was Cheyenne. Here, in a dispute with his employer, in regard to some money matters, he fell, becoming unconscious. This was at 9 A. M. He remained unconscious until 6 P. M. Consciousness returned, but not speech. A few days after he arrived at Omaha, still speechless. Here he met some friends, but could not converse with them, not even by writing. He knew what he wanted to write, but he could not form the letters. His greatest difficulty was with the letter "P." At this time his appetite was voracious, constantly hungry. While changing cars at Chicago he first experienced a sensation as if a tumor, about the size of his head, were moving about in his chest. This he felt for a few days only. He arrived home early in May, and from that time was confined to his bed for four months. What his symptoms were during these four months, we could not learn. All he knows is, that

he was unconscious for some time. It was almost a year from the time he lost his speech until it returned.

In May, 1870, he first noticed that the left testicle was larger than the right one. It gradually increased in size until it attained double the normal dimensions. No pain was felt until one morning, after a night's hard work, he found that the integument was not intact. The opening was nearly round, about one-half an inch in diameter. The pus was sanious and very fetid, and a small, greyish-white tumor protruded through the opening. It was in this stage of the disease that he first came under our care.

We found the scrotum on the left side very much enlarged, integument thickened and indurated; an ulcerated surface about two inches in length and $1\frac{1}{2}$ in width. Discharge thin, watery and profuse, sometimes the pus was thick and more healthy looking, but at all times very fetid. For one year we treated the case, without deriving any apparent benefit, with the following remedies: Merc. sol., Merc. corr., Nitric acid, Kali jod., Hydrast. and Aurum. Phytolacca dec. externally applied, seemed to check the disease for about two months. The disease was now making rapid progress, the tumor increased in size, the ulcerated surface was larger, and everything indicated that an early removal of the affected part was necessary.

May 10th, 1871.—After a consultation with the members of the Hom. Hospital Surgical Staff, we concluded to remove the testicle. On the following day the operation was performed. All of the affected tissue was removed, and the wound closed with silvered sutures. In two weeks the patient left the hospital apparently well.

Four months after the above operation the patient returned with Ozæna. We treated him for about three weeks when he left us and employed an allopathic physician, but no improvement following the latter treatment soon enough, he came back to us. By this time the septum was destroyed, parts of the nasal bones and three of the turbinated bones had come away.

Under Phyt.³, and at last Aurum.³⁰, the discharge became less, and in three months the nose was to all appearances well.

From this time until November, 1872, the patient continued to work and had tolerably fair health. About that time the other side of the scrotum became affected in a manner similar to the left side. The destruction was much more rapid. Nothing that we could apply seemed to stay or check its ravages in the least. The right testicle was much larger than the one which had been removed. Finding all our endeavors to save it to be in vain, we decided to remove the diseased organ.

On December 6th, 1872, the operation of castration was again performed. The testicle and the cord were cut away as far as possibly was safe to go. As much of the integument as could be spared was also removed. The wound was closed with four silver wire sutures. Part of it healed by first intention. That portion of the wound nearest to the cord discharged a great deal of pus for nearly a week. Within three weeks the whole wound had healed with the exception of a small portion, about one-half an inch in diameter, around the spermatic cord; from which the ligature has not yet been removed. For one week previous to the last operation, the patient was put upon *Ars. iod.*, 3rd. trit., three times a day. This remedy he continued to take up to the present time. The removal of the testicles has not in the least modified or weakened his sexual desire. The erections are strong and vigorous, and are of as frequent occurrence as previous to the operation. In fact, he says, to use his own expression, "I never enjoyed sexual intercourse better in my life." There is an emission, but of what it consists we are unable to state, as we have not received any for microscopic examination.

The above quoted statement was made in the presence of several physicians, and corroborated by his wife.

VERIFIED SYMPTOMS.

BY H. NOAH MARTIN, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

ACONITUM NAP. Great tingling sensation and sensitive feeling of the nerves of the left arm and of the whole left side of the body, occurring after standing in a draft of cold air; cured in an old man who was paralytic in the left side, with the 1000th potency (Tafel). Foundry-men who work in hot furnaces and frequently "cool off" in the open air, are subject to cranial neuralgia and cerebral congestion. These affections are speedily relieved with Aconite high.

Ten drops of the pure tincture of Aconite in a tumbler half full of water proves nearly specific in ordinary forms of cholera morbus. A teaspoonful every half hour, or oftener, according to the urgency of the symptoms.

AGARICUS MUSC. Chilblains and burning itching bunions have been almost uniformly cured. I remember of but one failure in a large number of cases. A single dose of the 200th, dry, on the tongue, usually ameliorates the condition within twenty-four hours, and a speedy cure follows.

ALOES. Nearly specific for dysenteric diarrhœa, with sensation as if the rectum were full of water, which gushes out at the least effort to pass flatus. One case, in which the patient passed a quantity of black fluid blood, was relieved immediately with one dose of Aloes high.

ANTIMONIUM CRUD. A child had marasmus, emaciated to a skeleton. The symptom deciding the remedy was, *great crossness when touched or looked at*, which was unusual when in health. An allopathic physician promised to practice homœopathy and renounce allopathy, if this child were cured by homœopathic medicine. A promise never fulfilled, though he could not deny the cure. One dose, high, was all that was necessary. The mother had a troublesome corn on the bottom of one foot, which disappeared under one dose of Antimonium crud. high.

A true case of dry gangrene of the toe was cured with this medicine, given in the 6th and 30th potencies, in alternation. More than thirty years later the patient died of the same affection.

APIS. This medicine, given in the third decimal dilution, will speedily cure nearly every case of diphtheria in the early stage. It has not failed in a single instance during the past three months, although prescribed in a large number of cases.

In acute synovitis of the knee, if the pains are most violent at night, *without thirst*, it has shown marvelous power when given in the 1000th potency (Tafel).

ANACARDIUM. Has proved one of our most valuable medicines for dyspepsia. Many cases which have resisted the efforts of other physicians, I have cured with this agent. It stands between Nux vom. and Lycopodium. "*The symptoms disappear while eating, and return again in two hours,*" is a reliable symptom, and I have corroborated it in not less than ten cases. During my clinic at the Hahnemann Medical College of Philadelphia, last winter, a case of inveterate dyspepsia was cured by this medicine, (Tafel's 1000th). The characteristic indication above given was present in this patient's case.

It has proved of value in morning sickness of pregnancy.

ARGENTUM METALLICUM. In too profuse flow of pale urine, causing the patient to rise frequently at night, no other medicine has proved so generally useful.

ARNICA. This medicine stands among the first in value for coughs dependant upon cardiac lesion. The cough is paroxysmal in character, occurs at night and during sleep, *without awakening* the patient.

For angina-pectoris it is one of our best agents. The patient complains of sudden cardiac pain, with sensation as if the heart were tightly grasped by a band. The pain extends in the direction of the liver, and upward through the left pectoral region, and down the left arm. The pain is especially severe in the elbow of the left arm.

I have found the most benefit from the use of the tincture ;

in heart affections ten drops in a tumbler half full of water, a teaspoonful every few minutes or hours, according to the urgency of the case; while in whooping-cough and typhoid fever, I have had the best result from the high potencies.

ARSENICUM IODATUM. The Iodide of Arsenic is my reliance in acute swellings of the axillary and inguinal glands, and sometimes, when the submaxillary glands are swollen and threaten to suppurate. Even after the peculiar throbbing pains have set in, which seem to indicate the establishment of the suppurative process, I have known this agent to speedily disperse and reduce the swelling. It excels all other medicines for the rapid cure of venereal bubo. I feel certain that this statement is not too strongly emphasized. I use it in the second or third decimal trituration.

ARSENICUM ALBUM. During the death throes of consumption, when the patient is agonized with extreme restlessness and difficulty of breathing, a single dose of the 8000th potency (Jenichen), exerts an almost magical power in giving quiet and ease to the last moments of life.

Indolent ulcers upon the tibia with bloody ichorous discharge, corrosive burning, and a reddish-brown appearance far around the ulcer, are cured by Arsenic high.

In gastric fevers, when cold water is not tolerated by the stomach, or the stomach feels as if filled with cold water, this medicine is my chief reliance. In such cases we frequently find the characteristic arsenic pain after eating, with immediate expulsion from the rectum of a dark-colored, watery, offensive fluid, mingled with undigested food. Arsenic high answers all our expectations here.

A CASE OF CHOREA.

BY W. R. CHILDS, M.D.

Read before the Hom. Medical Society of Pennsylvania.

Mr. L., aged 14. In March, 1872, had intermittent fever, which was cured by Quinine. In May he was troubled with

lameness and dragging of the left leg, and twitching of the left arm. In June he had imperfect speech, trembling of the tongue, and inability to grasp and hold anything in the left hand, and also twitching of the left side of the body. On June 7th, in view of the drugs which had been previously taken, I prescribed *Nux vom.*, which was continued up to the 16th. The patient complained of great restlessness at night. Prescribed *Gelsem.*, which was continued for fifteen days without any marked improvement. On July 7th, the patient having been without medicine for seven days, I prescribed *Cuprum met.*^{4m}, a dose to be taken every six hours until improvement set in. Ten doses in all were taken. The patient was entirely cured and has remained well up to the present time, February 1st, 1873.

THE TREATISE ON SKIN DISEASES.

LETTER FROM DR. LILIENTHAL.

New York, August 1st, 1873

MY DEAR COLLEAGUE:—

At your request and that of our publishers, I have set about the task, notwithstanding the "heated term," of preparing a practical treatise on diseases of the skin and their treatment, which will appear in connection with the monthly issues of the *Hahnemannian Monthly*, and which, I trust, will prove acceptable and useful to your numerous readers. To guard myself against the charge of willful plagiarism, I desire to acknowledge in advance, that, in preparing this treatise, I shall make free use of the writings of Hebra, Neumann and other eminent dermatologists, and shall appropriate, whenever I deem it advisable, parts of the excellent *Boylston Prize Essay* of Dr. B. Joy Jeffries, who has used Hebra and Neumann as freely as I propose to do. Wilson, Nelligan, Hillier, Bazin, Fox and others will likewise be consulted in making up the pathological and descriptive portion of the work.

Our 'homœopathic literature is disastrously deficient on this important part of medical practice, and much of what we have is simply theoretical and conjectural, and does not stand the test of practical experience.

It shall be my aim to give as concisely as possible, to be commensurate with practical utility, a description of the various forms of

skin diseases, and to collate from our text-books and journals, and from private experience, such remedies as correspond to these diseases. The work will be supplemented in Part II. with a *Complete Repertory to the Materia Medica of Skin Diseases*.

Your journal has its thousands of professional readers. Let us hope then that some of them at least will give us from time to time of their experience in the treatment of these troublesome maladies, and thus aid in making our work eminently practical and useful. By coöperation only can perfection be obtained.

Truly and fraternally yours,

S. LILLIENTHAL.

MEDICAL AND SURGICAL ANNOTATIONS.

EUCALYPTUS GLOBULUS IN ITS AGRICULTURAL AND HYGIENIC RELATIONS. *Eucalyptus globulus* grows on poor soil, and increases rapidly where it finds a subsoil permeable to moisture and an atmosphere similar to Australia or the Mediterranean countries. While the hickory or the walnut tree take fully a century for their growth, the *Eucalyptus* reaches the same expansion in twenty years. A forest of *Eucalyptus* will give therefore five times the quantity of wood in the same space of time as any other species of tree will give, and its development ought to be therefore encouraged in our south-western states, especially as it would eradicate all malaria. The leaves and the rhizoma excel in their power of absorption, and Gimbert remarks that *Eucalyptus* absorbs from the soil hydrates of carbon as nutriment, and gives off balsamic and highly oxydized products. By absorbing matter from the soil, the water and the air, and by the quality of its foliage, which allows the rays of the sun to strike through to the ground, and by the exhalation of ætheric-balsamic matter, *Eucalyptus* is capable of absorbing by the aid of the sun, and oxydizing, all malarious effluvia, and thus destroying them. FREMY therefore recommended as early as 1869, the planting of *Eucalyptus* trees in all swampy, malarious regions south of 44° N. latitude. Australia has no malaria because it is covered with forests of *Eucalyptus*.

CLOEZ found in the leaves chlorophyll, resin, tannin, a large quantity of Elæopten or camphor and ten per cent. of ashes. MIERGUES says that the leaves contain tannin enough for mechanical purposes. *Eucalyptol*, its active principle is a favorite remedy for fever in Australia, Algeria and the southern parts of Europe. It is without color, of strong aromatic odor, reminding one of *Ol. Cajeput*, Camphor. or *Ol. Rosarum*; burns on the tongue and leaves a bitter taste. It is soluble in water, and a tincture may be easily prepared from it,

CLOEZ gave it the formula $C_{12}O_{16}$, or according to others, $C_{24}H_{20}O_2$. At 8° C. it has a specific gravity of 0.905; boils at $170-175^{\circ}$ C., turns to the right the plane of polarization of light and evaporates spontaneously at the usual temperature of the day.

ACTION OF EUCALYPTOL ON MAN. It produces immediately burning on the tongue with a bitter after-taste. On the posterior wall of the pharynx a kind of acidity is felt, accompanied by a sensation of coolness in breathing atmospheric air (similar to peppermint). Large doses produce severe burning in the pharynx and œsophagus, with hypersecretion from the glands lining the mucous membrane of the mouth and throat. In the stomach a sensation of heat is felt. Doses of 2 to 4 grms. produce eructations, pressure in epigastrium and disturbances of digestion. The dyspeptic symptoms may become complicated with excitement, headache, increase of temperature, increased frequency of the pulse, and frequent thin stools having the smell of Eucalyptol. Sphygmographic curves taken at that time show a decided decrease in the tension of the arterial system. Respiration becomes more frequent, thirst increases and sleeplessness sets in in consequence of the dyspepsia or of the arterial excitement. Anæmic patients, on the contrary, become sleepy after the use of Eucalyptol.—*Schmidt's Jahrbücher* 3, 1873.

APHASIA. At the recent meeting of the Philological Association, held at Lafayette College, Easton, Pa., a paper on Aphasia, prepared by M. W. Easton, Ph. D., of Hartford, Conn., was read, from which the following extract has been made:

The study of the phenomena of Aphasia is interesting to students of language as contributing to our comprehension of the physiology of the action of speech, and possibly also of the solution of some of the most difficult and important problems of linguistic philosophy, especially those relating to the manner in which the knowledge of language is acquired by the individual, and the relation of words to ideas. And apart from the expectation of very definite results, it is important that the student should not be ignorant of the precise direction in which pathological research has extended, and how much it has really accomplished.

Such evidence as pathology offers adds weight to the authority of that school which would classify language with other acquisitions made during the lifetime of the individual, in opposition to that teaching that it is an innate possession of the mind; furthermore, that its office in reasoning is not an essential one. However, the data of aphasia are not sufficient alone to establish these principles. For this purpose we must go beyond pathology into psychology, and into the comparative study of the development of different groups of roots and of grammatical forms.

ACETATE OF COPPER. Dr. John Drummond has repeatedly derived benefit from the use of this salt in cramps of the legs in old people. He also states that a Manchester homœopathist was converted by witnessing its decidedly beneficial effects in the treatment of the collapse and severe spasms of cholera during an epidemic at Honiton.—*British Journal of Homœopathy*, July, 1873.

PODOPHYLLIN IN INFANTILE DIARRHŒA. Dr. Deck states that the most characteristic symptoms pointing to Podophyllin in infantile diarrhœa are: the *profuse offensive sudden stools*, with *morning aggravation*, combined in severe cases with the Belladonna-like head symptoms.—*Ibid.*

TAKE CARE OF YOUR EARS. "But the most hurtful thing is introducing the corner of the towel, screwed up, and twisting it round. This does more harm to ears than all other mistakes together. It drives down the wax upon the membrane much more than it gets it out. * * * But this plan does much more mischief than merely pressing down the wax. It irritates the passage, and makes it cast off small flakes of skin, which dry up, and become extremely hard, and these also are pressed down upon the membrane. Often it is not only deafness which ensues, but pain and inflammation, and then matter is formed which the hard mass prevents from escaping, and the membrane becomes diseased, and worse may follow. *The ear should never be cleaned with the screwed-up corner of a towel.* Washing should extend only to the outer surface, as far as the finger can reach." *The Monthly Mirror*, July, 1873.

PUBLICATIONS RECEIVED.

REPORT OF THE BOARD OF HEALTH OF THE CITY AND PORT OF PHILADELPHIA, to the Mayor, for the year 1872. 260 pp.

This report of the Sanitary department of the Government of a city of 725,000 inhabitants, could scarcely fail to be of interest to the general profession, as well as to that portion of the public embraced within the circle of its operations.

The chief interest centres around that portion relating to the registration of births and deaths, and the statistics in reference to the late epidemic of small-pox. This portion we are glad to state, has been prepared with great care and shows that an immense amount of labor must have been expended in its compilation. The births reported amount to 20,072, an increase of 1726 over the preceding year: a fact which indicates a more complete registration than heretofore. Still it is believed that "the number reported falls short of the actual number of births by about twenty per cent." The still-

births number 834, of which about 63 per cent. are males, an increase over the usual preponderance on the side of that sex; the average for the past twelve years having been $58\frac{1}{2}$ per cent.

The actual mortality during the year amounted to 18,987 (exclusive of imported cases and still births, which swell the total of interments to 20,544); being 1 to 31,88 inhabitants, against a previous average for 12 years, of 1 to 43,16. This unusual mortality is due to the small-pox epidemic, and to the remarkable and long-continued heat of the summer, by which the deaths from infantile diseases were very greatly increased. The 21st ward shows 1 death to 55 inhabitants, and the 19th 1 to 25. The remaining wards being ranged all the way between. It appears that, as regards cholera infantum, the greatest fatality occurs in the same localities as during the previous summers, showing in a striking manner the evil effects of imperfect drainage, ill ventilation, over crowding, debauchery etc.

One of the most interesting and instructive features of this portion of the work, consists of charts, admirably designed to show the course of mortality from a number of the most prevalent forms of disease, from week to week during the entire year. They exhibit to the eye in a striking manner the fluctuations of mortality in connection with meteorological changes. One of these follows the late epidemic of variola from its commencement in July 1871 till its close in July 1872. It is not possible in a short review to do full justice to this part of the report. We can only recommend that physicians should secure and preserve copies for immediate examination as well as for future reference. For the latter named purpose, the tables of statistics relating to small pox and vaccination will be hereafter indispensable. Dr. Wm. H. Ford the chairman of the Committee on Report, and Geo. E. Chambers, Esq., the efficient and untiring Registrar, have evinced a deep interest in, and bestowed immense labor upon this work, and are entitled to the thanks of the whole medical profession.

The Board administers another well-merited rebuke to the city government for the continued outrage of furnishing to the North-eastern wards the drainage of all the breweries and dye-houses, the pig-styes, soap-factories, sinks, cess-pools, stables, slaughter-houses and sewers in the city, and with audacious irony, charging "*water-rent*" for it. We do not know how far legal enactments will uphold the Board of Health in the abatement of municipal nuisances; but we do know that public opinion would sustain them in the summary and utter destruction and removal of the Kensington Water Works until not one stone should be left upon another.

In reference to the cleansing of streets and removal of garbage it is scarcely possible to speak or write with equanimity; and although we claim to be among those "close observers and fair-minded per-

sons" who readily concede "that the condition of the streets has been greatly improved during the last three years," yet we do not "concede" that the "demands" of the public on this point are "unreasonable," though their "*expectations*" doubtless are. The report of the Board admits "that the work of street-cleaning as performed has been far below the proper standard of cleanliness," and yet the scoundrelly contractors are allowed to draw their pay, by those who thus publicly assert that they are not entitled to it. If it be said that the Board is powerless to prevent our city from being first polluted and then swindled, why do they not call for the co-operation of the public in an attempt to secure such legislation as may enable them to enforce the letter of their contracts with street-cleaners?

The same remarks will apply also to the removal of garbage. The regulations of the Board require the contractors to "call regularly" at all houses, &c. ; to "call at regular hours" and to "give adequate notice of their approach by the ringing of a bell." Yet these regulations are *all* systematically and constantly, and for ought we know, universally disregarded. The calls are *not* made as frequently as required, nor at regular hours ; and the "bell," instead of being rung as required, is so ingeniously fastened upon the harness or cart, as almost to prevent its ringing at all ; necessitating, on the part of housekeepers, the posting of sentinels to give notice of the *stealthy* approach of the "slop cart." We are not, however, of that number who have only censure and abuse for the Board of Health, for we believe that their functions are more faithfully performed than those of almost any other department of our municipal system, and that a far more extended and absolute power ought to be conferred upon them, and could be so conferred with perfect safety to the city's interests.

EDITORIAL NOTES.

HOMŒOPATHY AND THE MICHIGAN UNIVERSITY.—The following preamble and resolutions were adopted by the regents of this university, at a recent meeting, in reference to the bill passed by the late Legislature of Michigan, *directing* the regents to appoint and support a professor of homœopathic materia medica and a professor of homœopathic therapeutics as a part of the faculty of the University at Ann Arbor:

Whereas, The Legislature of the State of Michigan at its last session re-enacted the law of 1855, requiring the appointment of homœopathic professors in the Medical Department of the University ; and

Whereas, It has always been claimed by the Boards of Regents that

the law was an infringement upon the rights and prerogatives of the Board; and

Whereas, The Supreme Court of the State has refused to grant a *mandamus* requiring the Regents to comply with the law, thereby substantially confirming their action; therefore,

Resolved, That we maintain the position heretofore taken, and decline to make the appointments required by the law.

Resolved, Further, that we do this in no spirit of factious opposition to the apparent will of the Legislature, but because we believe the true and best interests of the University demand it.

Resolved, That we re-affirm the former action of this Board, expressing a willingness to take charge of an independent school of homœopathy, and connect it with the University, whenever the means shall be provided for the payment of its professors.

It is certainly very refreshing during this very hot weather to read such a decidedly cool assertion on the part of these regents, that this action is not taken in a spirit of *factious* opposition to the *apparent* will of the Legislature!

THE HAHNEMANN HOSPITAL OF CHICAGO.—At the last meeting of the Illinois Hom. Medical Association it was resolved that the proceeds of one day's practice, by all of its members, should be donated to the treasury of the Hahnemann (late Scammon) Hospital of Chicago. The day chosen was Monday, the 4th of August, 1873. We hope that a large sum has been realized by this most excellent charity.

THE BUREAU OF PSYCHOLOGICAL MEDICINE OF THE AMERICAN INSTITUTE.—A writer in the July number of the Medical Investigator says of this Bureau: "The Bureau of Psychological Medicine is getting very metaphysical, and there is danger of its being abolished. Let the practical mental medicine men rally." In view of the fact that this bureau presented a learned, elaborate and very able report on "Vital Dynamics," by Dr. Frost, who has made psychology a special study; a practical paper on "Non-Restraint in the Treatment of the Insane," by a "practical mental medicine man," Dr. Samuel Worcester, who spent several years as assistant physician in the Butler Hospital for the Insane, (and who, by the way, we treated very badly in the H. M. report of the Institute meeting, in not mentioning his valuable paper and in not naming him as a member of the bureau of Psychological medicine); and a very interesting paper on "The Importance of Mental Symptoms in our Provings and Prescriptions," by the thoughtful Clement Pearson, now of Cleveland, we are of the opinion that this critic is hard to please. His forecasting of events—the abolishing of the bureau, for instance—is a species of *clairvoyance* which stamps him as *not* a "practical mental medicine man." In truth such flippant *criticism* as this, is, like swearing, "neither brave, polite, nor wise."

THE HOSPITALITY OF CLEVELAND.—By some mischance in making up our report of the American Institute meeting into "form," the printer omitted the paragraph we had prepared expressive of the pleasure derived from the entertainments offered to the members of the institute by the Cleveland physicians. The "preliminary meeting" at Dr. Schneider's was an occasion not soon to be forgotten, nor was the suave and cordial hospitality of the doctor and his wife. The banquet at the rink was very pleasant, though given under adverse circumstances. But the ride to "Silverthorn," the view of the lake at sunset, and the feast of good things edible and the flow of *bon mots* which came afterwards, so kindly and so thoughtfully planned and carried out by those good fellows, Schneider, Biggar, Baxter and Von Tagen, to rest the weariness of the secretary's mental and physical body and bones, went straight to the heart, and will be a green spot in the memory forever.

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—This society holds its annual session in Harrisburg, commencing on Wednesday, October 1st, 1873, and continuing two days. We trust that on that occasion there will be a large attendance of members, and that the papers presented will be not only in themselves valuable, but the means of eliciting valuable discussions. The society is improving in every respect, and has been during the past two or three years. Let the members look to it that no "retrograde metamorphosis" sets in as has been the case with some other societies. We trust that the orator upon this occasion will give us an address as excellent in all particulars as was that of Dr. Thomas Moore, delivered last year. The address of Dr. Moore bears attentive perusal, and not only does credit to its author, but is a valuable document, and "handy to have in the house," for reference on occasions of argument with allopathic brethren.

HOMŒOPATHY IN NEBRASKA.—The homœopathic physicians of Nebraska, imbued with the feeling that in union there is strength, intend meeting in Lincoln during the holding of the State Fair, the meeting to be organized at 2 P. M., on September 2d, for the purpose of forming a *State Society*. Amongst those who have signed the call, we notice the name of Drs. O. H. Wood, E. F. Hoyt, P. W. Poulson, E. T. M. Hurlburt, and A. C. Cowperthwaite,—all good men and true. We wish them all success.

TITLE PAGE AND INDEX OF VOLUME EIGHTH.—Through the force of circumstances we have been compelled to defer the preparation and printing of the Title Page and Index of Volume Eighth. They will be furnished with the *September* number, which will be issued on time. A change of printers, a change in the form of the journal—

by which a very great deal more matter can be supplied—the addition of four extra pages to the monthly issue (making 60 pp. monthly) and various other circumstances have delayed the issue of this number.

GONE TO EUROPE.—Our genial friend and publisher, Dr. F. E. Boericke has, with his family, gone to Europe. Dr. N. R. Schneider and wife have gone to Europe. Dr. H. M. Smith has gone to Europe. May they have a good time is the editorial wish. When will somebody write—the editor of the H. M. has “gone to Europe.” *When?*

DIED.—JOHN YOULIN, the venerable father of J. J. Youlin, of Jersey City, N. J., president elect of the American Institute of Homœopathy, died at his residence in Monmouth County, N. J., June 8th, 1873, in the eighty-sixth year of his age.

DR. JOHN HARLAN, of Wilmington, Del., a recent graduate of Hahnemann Medical College of Philadelphia, died at his home in Wilmington, June 18th, 1873, of phthisis pulmonalis, aged 23 years. He was a son of Dr. C. Harlan, a well known practitioner of Wilmington, and was a young man of great promise and of exemplary life. His early death is severely felt by his family and a large circle of friends.

DR. JOHN DAVIES, of Chicago, Ill., died in that city on the 28th of March, 1873, of Bright's Disease.

ESTHER KENT SMEDLY, wife of Dr. R. C. Smedley, of West Chester, Pa., died at her residence in that place on the 13th day of May, 1873, in the 38th year of her age.

The deceased belonged to one of the most prominent of the abolition families of Chester County, at a time when *emancipation*, even with their neighbors, was a term of reproach. But a consciousness of the right never allowed them to fail of giving succor to the fleeing bondmen of the South. This spirit actuated the deceased, and from her pen, which was a ready and able one, flowed pure sympathy for the oppressed and downtrodden. She was engaged at the time of her death, in writing a book of poems designed for the young, and but a short time before had relinquished the publication of a monthly journal devoted to the interests of children. The conducting of the journal had required such mental and physical labor, that it in a great measure conduced to her early death. Her loss will be deeply felt, not only by her immediate family, but by a wide circle of friends.

THE HOMŒOPATHIC MEDICAL SOCIETY OF CUMBERLAND VALLEY.

REPORTED BY WILLIAM H. COOK, M.D., SECRETARY.

The spring meeting of this society was held on May 6th, 1873, at the office of the secretary in Carlisle. The President, Dr. J. H. Marsden, of York Sulphur Springs, in the chair. Present: Drs. Bowman, Fetterhoff, Marsden, Arnold, Sechrist, Reynolds, Smith and Cook.

The records of last meeting were read and approved.

Owing to the widely separated fields of labor of members of this society, we have a resolution on our records requiring each member to report in writing the prevailing diseases in his town or neighborhood, during the months intervening the meetings of the society, with the most successful treatment of the same, from which the following is extracted.

In DR. BOWMAN'S report, which covers an entire year, he speaks of a severe form of

CHOLERA INFANTUM,

which prevailed in and around Chambersburg during the middle and latter parts of July and the entire month of August. A large majority of the children attacked were of the teething age and especially those raised with the bottle; yet many cases occurred among children more favorably circumstanced and enjoying all the comforts of life. He says: During the seven or eight weeks of its prevalence among us, I had many opportunities of treating it in its various stages. The little patients were benefited by a change of apartments, from close, secluded rooms to light, cool and airy ones; also by a change of food, from cows' milk to goats' milk and in some instances to prepared wheat for a short time. The specifics in each case were sought for, but experience pointed to *Podophyllum* as the remedy for the genus epidemicum. Two-thirds of the cases I treated received no other medicine. It proved especially useful in fully developed cases. The grand characteristic which often led to its selection was, gagging or empty retching, and when this was present many other podophyllin symptoms were usually found also, such as greenish, watery, white or dark yellow stools, often profuse, painless and very offensive; great prostration; a rapid falling off in flesh; rolling of the head; restless sleep; half closed eyes, &c. This remedy was invariably given in the 30th potency at intervals of from two to four hours—sometimes after each stool. *Æthusa cynapium* was also frequently indicated, it was prescribed for green or bloody mucus stools, violent vomiting either of greenish mucus or curdled milk. It too was given in the 30th potency. *Phosphorus* 3d,

at intervals of four hours was given with the best-possible results in a case of greenish, watery stools, with grains like tallow. The numerous cases of diarrhœa that occurred during this time required the same class of remedies as did cholera infantum.

THE EPIZOOTIC

made its appearance here as elsewhere among the horses. The symptoms as developed were, slight hacking cough, watering of the eyes, watery discharge from the nostrils and a general languor. The discharge from the nostrils gradually changed to a thick green and yellow color, and lastly a glairy white. The glands of the neck enlarged and became tender. *Merc. viv.*, 3d trit., given three or four times a day, seemed to be the most useful remedy. *Bellad.* and *Tart. em.*, were also prescribed with much benefit. The horse disease had scarcely disappeared when a similar one attacked the human family. This influenza proved much more obstinate than ordinary colds. The remedies that proved most serviceable were: *Mercur.*, *Bellad.* and *Tart. em.*, the same that did most good in the epizooty.

DR. FETTERHOFF called attention to

DIPHTHERIA

at Newville. One case had profuse formation of pseudo-membrane on the pharynx and on the tonsils; also a similar formation, but not so thick, in the vulva, with frequent and painful urination and tenesmus vesica. Other prominent symptoms were: severe aching in the bones, headache, chilliness, fever, etc. After giving *Bellad.* and *Merc. biniod.*, with but temporary relief, I gave *Canthar.* 3, and used a gargle of *Liquor calc. Chlorin.*, and the case slowly recovered. These same remedies cured every case I had for some months, except a few cases that had been under allopathic treatment until beyond human help.

During the summer of 1872 the disease took to some extent a different and a still more malignant form; in many cases coming on quite unperceived and progressing so insidiously as to offer but little hope of relief even when first seen. The urinary symptoms continued to some extent the same, without, however, so much tenesmus; there was numbness of the extremities; high fever, but moist skin; the patient usually very nervous and sometimes slightly delirious; the false membrane had more of a greyish appearance and was tougher. Some of the most malignant cases had no foul breath; some cases had thirst, others not much; if the cases were not promptly treated, they ended fatally. In this type of the disease I succeeded well with *Apis*; the 1st, 5th or 30th doing equally well, and in some cases in alternation with *Bellad.* The remedies with

which I succeeded in curing several cases of the croupy type, were: *Bromine*, *Iodine* and *Kali bichr.*; the latter when there was stringy or ropy expectoration, and with the 30th attenuation. One case and the first in which I used *Apis*, had a marked numbness of the extremities, and several spots of a pseudo-membranous formation, similar to that in the throat, over the body, principally on the thighs. *Biniiodide of Mercury* and *Belladonna* had been given with no apparent effect, but *Apis* 5th, administered in water, every half hour at first and afterwards at longer intervals, made a decided improvement in twenty-four hours, and the case recovered rapidly. Another case, of a young man—who had been under allopathic treatment for several days and had his throat severely cauterized—when I was called was nearly strangled with the swelling and false membrane in the throat. He was very weak and was covered with cold perspiration and I thought could not possibly survive more than twenty-four or forty-eight hours under the treatment he was then receiving. *Apis* 5th, in water, every half hour, gave immediate relief, and when I returned after twelve hours he was decidedly better. *Apis* 30th, completed the cure.

STRAMONIUM POISONING.

A case of Stramonium poisoning which came under my observation and partial treatment, presents the following symptoms:

Mr. T—, a farmer, having a diarrhoea, was told by a friend to take the pods of what is commonly called Butter-cup and make a tea for his relief; but through mistake he took two pods of Stramonium and put them into a cup and poured boiling water over them in the morning, but forgetting to drink the tea, it was left until he came in for dinner, when he drank it. A short time afterwards, from fifteen to thirty minutes, he sat down to dinner, when on attempting to swallow the first bite of food he felt a choking sensation in the throat, which he described as feeling like a broad, dry stripe extending down through his chest, from the mouth to the stomach, which he was trying to swallow but could not get it down. He immediately became delirious and knew nothing of himself until he was relieved. During this time he performed many queer antics: one time he was off to hitch up his team; again he gathered up sticks and placed them together to build a fire; then he would motion as though he would scrape lice and bugs together, shake them out of hats; pull the paper off the wall to get them out; pick them off himself and tramp them, &c.; see rats running and try to catch them; he was very talkative. The skin was moist, and there was a besotted appearance of the face; wild, staring look; did not know even his wife, nor where he was; wanted to go home, etc.

DIPHThERIA.

DR. SECHRIST reported having treated many cases of Diphtheria within the year past. His principal dependence was on *Bellad.* and *Biniod. of Mercury*. In some cases the parotid and sub-maxillary glands together with the tonsils and uvula were very much swollen, and the two latter covered with a greyish membrane. In several cases the parotid glands remained swollen after the throat was well, but *Merc. viv.*, soon dispelled the swelling. He said: "Last spring I attended a boy and girl, the former nine and the latter thirteen years of age. I felt certain of what I had to treat on entering the room, from the peculiar odor, which once being recognized cannot easily be mistaken. The tonsils and uvula were much swollen and covered with the usual false membrane. The fauces and roof of the mouth were of a dark-red color; febrile symptoms intense in the boy and even worse in the girl; great thirst; difficulty in swallowing fluids, a portion of which came out through the nose; the skin covered with a rash similar to that of scarlatina. I at first thought of the possibility of scarlet fever, but the mother assured me the children had had that disease some years before. I gave *Bellad.* 3d in water and *Biniod. of merc.* 3 in powder, alternately. The children both recovered, but slowly, keeping their beds over three weeks. In these cases the diphtheritic membrane not only covered the throat, but extended to the lips and nostrils, as well as to a partly healed wound upon one of the thumbs of the girl. The membrane commenced at the wound and extended itself out until it covered the end of the thumb. An ulcerated corn on the small toe shared the same fate. The boy had been bitten on the ear by a pup, leaving the marks of two teeth on which the membrane also formed and soon covered the back part of the ear, resembling very much a burn."

GONORRHŒA.

DR. SECHRIST also reported a case of gonorrhœa which had degenerated into a bad form of gleet; the disease having been treated by at least four allopathic physicians since its contraction, about eighteen months since. The patient was a farmer and labored at his occupation every day during my treatment. I gave him first *Thuya* 6, a dose every three hours. In two weeks I saw him again, when he complained of itching in the urethra, with slight discharge in the morning only. I then gave him *Sulph.* 9, every four hours. This he continued for two weeks when he appeared to be well, save only a slight itching in the urethra. He continued *Sulph.* ten days longer, when he felt perfectly well. Three months have elapsed since and there are no signs of a return of the disease.

DR. MARSDEN read an elaborate and well written paper on the subject of laceration of the perineum during labor, from which I

will not extract as he may consent to its publication entire at some future time.

Other reports were made and discussions were had on many of the cases.

DR. ARNOLD exhibited to the society a patch of *Diphtheritic membrane* preserved in alcohol, nearly an inch in length and half an inch in breadth, taken from the pharyngeal cavity of one of his patients.

DR. REYNOLDS exhibited an interesting pathological specimen of fatty degeneration of the heart in a barn-yard fowl.

DR. MARSDEN spoke of the happy effect of drop doses of the tincture of ergot in restoring the normal pains in labor, when they seemed to be declining under the use of chloroform, and without discontinuing the latter drug in cases where its use was eminently demanded.

DR. B. BOWMAN was elected a delegate to the American Institute of Homœopathy, which met in Cleveland in June.

Adjourned to meet at the office of the secretary on the first Tuesday in November next.

THE WORLD'S HOMŒOPATHIC CONVENTION.

WHAT WAS DONE AT THE CLEVELAND MEETING.

The committee on the World's Homœopathic Convention held two meetings during the session of the Institute. Besides a general and thorough discussion of the subjects connected with the convention, the following items of business were transacted:

The resignation of Dr. Carroll Dunham as a member and chairman of the committee, was received. In the expressed hope of Dr. Dunham's recovery from the indisposition which prompted the resignation, it was laid upon the table, and Dr. I. T. Talbot, of Boston, Mass., was elected vice chairman of the Committee.

Dr. O. S. Wood, of Omaha, Neb., was appointed in place of Dr. W. H. H. Sisson, deceased, and Dr. E. C. Franklin, of St. Louis, Mo., in place of Dr. T. G. Comstock, who declined on account of unavoidable absence from home.

The following additional appointments were announced in accordance with the resolution of the Institute.

Dr. J. H. Jones, Bradford, Vt.

" G. W. Swazey, Springfield, Mass.

" H. D. Paine, New York.

" G. W. Pope, Washington, D. C.

" J. H. Way, Nebraska City, Neb.

" I. Lukens, Newport, Del.

Dr. E. J. Fraser, San Francisco, Cal.

" J. M. Schley, Savannah, Ga.

" A. E. Higbee, Red Wing, Minn.

Dr. McClatchey requested that the executive committee, in whose behalf he spoke, be increased by the addition of Drs. A. R. Thomas and Thomas Moore. The request was granted.

A committee consisting of Drs. Talbot, McClatchey and Dudley was appointed to ascertain whether provision would be made by the centennial commission, for the sessions of the various scientific and other bodies which are expected to convene in Philadelphia during the exhibition, and report to the executive committee. The executive committee was also instructed to prepare estimates of and devise a plan for raising the amount of money needed for the convention, and submit the same to the members of the committee for amendment or approval, and then proceed to put the plan into operation.

A communication was received from the British Homœopathic Society, announcing that Drs. Wm. Bayes and Richard Hughes had been appointed a committee to confer with the American Institute's Committee, in relation to the convention. The communication expresses the most cordial interest in the convention and an earnest hope for its complete success.

CENTRAL NEW YORK HOMŒOPATHIC MED. SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

Morning Session.

The annual meeting of the Central New York Homœopathic Medical Society, was held at No. 51 Warren St., Syracuse, on Thursday, June 19th, at 10 A. M. The President and Vice President being absent, Dr. Gwynn of Throopsville, was elected temporary chairman. About thirty members were present. Dr. Gregg of Buffalo and Dr. Vincent of Troy, secretary of the State society, were present by request.

The secretary's report was read and accepted. The following corrections were made: In his remarks at the previous meeting, Dr. Clary said that in speaking of the number of cases of Typhoid fever treated by him, he intended to say that he had treated only so many, if he took Louis or any other authority as a guide. And in reference to the superintendency of the insane asylum, he alluded to Dr. H. D. Paine. Dr. Marks also stated that his reported cases were not intermittent fever, but malarial remittent. As corrected, the secretary's report was adopted.

Dr. Marks was called out to give verified indications for remedies in intermittent fever. He promptly responded to the call.

The treasurer's report was read and approved.

Committee on credentials: Drs. Clary, Sumner and Parsell. On their favorable report, the following applicants were elected: Drs. I. V. Daggett, Geo. H. Greeley, J. R. Young, S. C. Warren and U. H. Brown.

DISCUSSION ON SUSTAINING THE STATE SOCIETY.

The regular order of business was suspended and the question of sustaining the state society was ordered. A communication from President Wells on this subject was received and read by the secretary.

The state society is a legally organized body and is the only medical society required to report annually to the legislature. Many states have organized societies after the model of ours, with county auxiliaries. The status of Homœopathy will be measured by the prosperity of its societies, especially those legally constituted. He would in no sense disparage voluntary associations, such as we represent in this society, but we must not suffer those to fail which are legally constituted, and through which we may hereafter have occasion to look for further legislation, in behalf of equal rights and privileges.

DR. SWEETING said the members of the Wayne Co. society were dissatisfied with the pecuniary and other management of the state society, and hence they refused to sustain it.

DR. CLARY thought it was very important to sustain the state society. In any society some unpleasant things will occur. But differences of opinion in regard to potencies, &c., must be tolerated. It is very easy for any one to find fault. He thought that even a poor discussion was better than none at all. The secretary doubtless sometimes transcended his duties, but no one else would do the work that he did. Western homœopaths look to New York for a model state society. Sustaining it means to pay dues, furnish papers, attend the meetings, &c.

DR. SWEETING. No homœopathist wishes to destroy the state society, but a more economical administration is required. And we wish to have it made a homœopathic society.

DR. WALLACE. The country physicians should attend its meetings and correct abuses. That is the place to do it.

DR. SWEETING. It is not necessary that the society should be prodigal because the country members fail to attend.

DR. VINCENT. The publication of the transactions has been a gratuity from the state. There are 5000 volumes, and forty-one

boxes are required to supply forty-one counties. All must be carefully packed and shipped. The secretary cannot afford to give his time to do all this work. The absolute expenses of the state society are only six hundred dollars. It should receive nine hundred dollars annually. Instead of this, not more than four or five hundred dollars are received. Dr. Paine has not yet received his salary.

DR. HAWLEY. The chief objection to the state society is not its extravagance but that it is not homœopathic. Medical union seems to be the aim of some of its managers, and if this be true, it ought to go down. He would be glad to attend the meetings and help to make it what it should be; but on going there we find that the slate is made up by a ring.

The Central New York Society is a voluntary one, but we have some respect for Homœopathy. With proper concert of action we can render the state society homœopathic.

DR. GREGG was very glad to hear this discussion. Paine has done much for the state society, but he has not managed it in the interests of Homœopathy. He (P.) opposed Dr. Swan's report on the proving of milk. Regarding it not professional, he rejected it. Besides, he cut off the discussion on potencies.

DR. VINCENT. The various bureau-reports were not generally made, hence Paine himself had to make these reports. And the bureaus were very willing to get all the credit without doing any of the work. The transactions are wanted and read with interest all over the country. The Allopaths are delighted that the appropriations failed, because their own transactions were of no account. They are jealous to find that the homœopathic transactions are so creditable. In the state society, there will be no discourtesy shown to members and delegates.

DR. CLARY. If Dr. Paine petitioned the Allopathic Medical Society for medical union, he was unauthorized so to do, hence the state society is not responsible for this action of its secretary. The legislature had no right to appropriate public money to publish the transactions of a medical society, and he was glad that the appropriations failed. We can pay for our own transactions. In the American Institute and everywhere, slates are made up for the election of officers. We must make up other slates.

DR. J. G. BIGELOW. Any homœopathist, though not a member or delegate, can get a respectful hearing in the state society.

DRS. SCHENCK, PARSELL and others spoke in favor of sustaining the state society.

The following committee of three was appointed to draft resolutions expressive of the sentiments of the society on this subject: Drs. Hawley, Schenck and Brewster.

The committee reported the following resolutions which were unanimously adopted:

1. *Resolved*, That the interests of Homœopathy demand that the New York State Homœopathic Medical Society should be sustained, and that on a homœopathic basis.

2. *Resolved*, That this society as a body and as individuals will sustain it on that basis.

3. *Resolved*, That individually we will seek to sustain it by being present at its meetings when we can consistently attend.

The secretary read letters from Drs. Wells and Münger, inviting the members present to attend the next meeting of the Oneida Co. Homœopathic Society, on the 8th of July, at Richfield Springs, when a good time may be expected.

Afternoon Session.

DR. HAWLEY read his report as follows:

DIFFERENTIAL DIAGNOSIS OF TYPHUS AND TYPHOID FEVERS.

MR. PRESIDENT—This society, composed in great part of men who have given many years to the study and treatment of disease in all its forms, with a large and varied experience, need not, one would think, devote the limited time of its meetings to the consideration or discussion of elementary questions. It is, therefore, with a feeling that it is a waste of time, that I have attempted to comply with the society's request and write an essay on "The Differential Diagnosis of Typhus and Typhoid Fevers." Hence I shall only consider the question in its practical aspect, and that as briefly as possible.

All, or nearly all, departures of the system from the condition of health, by whatever cause, are marked by periods in which the temperature of the body is raised above the normal standard. This condition of heat is termed fever. In what it essentially consists, and what is its cause, is entirely undetermined, although it would seem to be a reaction of the vitality against the disturbing or disease-producing force. When fever is attended with inflammation or any local lesion or disorganization, or is the result of drugs administered, it is termed symptomatic fever. When it is without such attendance or cause, it is styled idiopathic fever. Such fevers, varying as they do as one or the other part of the system seems most affected, or as they are marked by more or less grave symptoms, have received various names, as gastric, nervous, bilious, typhus, typhoid fever, &c., &c. Now all of these conditions being characterized by an increase of temperature are, so far at least, essentially alike, and while presenting various and decided points of difference, all shade

off into each other with such indistinctness of outline that it is impossible to tell when one begins and the other ends. It is, therefore, oftentimes quite out of one's power to make a strictly accurate differential diagnosis, and say that a given case belongs to this or that class—whether it is typhus or typhoid, typhoid or nervous, nervous or gastric, &c. Indeed, all these names are entirely arbitrary, and were invented partly for convenience of grouping and classification, but chiefly to cover men's ignorance of the essential thing under consideration. Let those who will, therefore, spend their time in the endeavor to perform an impossibility, and draw a distinct line of demarcation between typhus and typhoid fevers. To one who understands the relations of drugs to diseased constitutions, such a differentiation, could it be made, would be of no value whatever. Aconite will cure a fever which is characterized by great restlessness and fear of death, whether you call it by one name or another. Baptisia will cure if the case is marked by a mild delirium, in which the patient feels himself all in pieces and can not get himself together. If it were attended with extreme prostration, great restlessness, must go from place to place, with thirst, drinking little at a time, every homœopath would give Arsenic. Let us, then, leave this matter of nice distinction in names to those who, with Ruppaner, claim that "from the beginning of the present century the efforts of physicians have been chiefly directed to the correct diagnosis of diseases." Those who adopt the so-called "dogma of Hahnemann," although they may not be scientists, have a more scientific work to do—a nobler object toward which to direct their efforts. Their work is the *cure* of diseases. To do this they have only to study *materia medica* and their patients. They need not bother their heads about names. Let them *know* the drugs they use and apply the law revealed by Hahnemann, and they will accomplish this result, having no need to resort to the hypodermic syringe or any other of the palliative measures devised by those who, arrogating to themselves only the title of scientists, have for twenty centuries blundered along in the treatment of diseases without any law of cure.

On the same subject, the secretary read a paper as follows:

DIFFERENTIAL DIAGNOSIS OF TYPHUS AND TYPHOID FEVERS.

In order to anticipate and duly appreciate the various complications that are liable to occur in these two forms of fever, it is important to make a differential diagnosis. But in the treatment, since the characteristic symptoms are the guide, this is not essential. On making a comparison of these diseases, a remarkable analogy is found to exist, but not an identity. As defined by Webster, typhus is "a continuous fever, lasting from two to three weeks,

and attended with great prostration and cerebral disorder." On account of its peculiar eruption, it is distinguished as typhus exanthematicus, and it is identical with ship-fever, jail-fever and camp-fever. It is extremely contagious and infectious, and it is sometimes called an excrementitious fever. Compared with typhoid fever, it has more stupor, prostration, blood-decomposition and cerebral and meningeal irritation and inflammation.

On the other hand, typhoid fever, or *typhus abdominalis*, is characterized by ulceration of the solitary and of Peyer's glands, located upon the ileo-cæcal valve and in the lower portion of the ileum. When in this fever an intestinal hemorrhage occurs, it results from the progress of this ulceration, involving the mesenteric veins and arteries, whereas an intestinal hemorrhage in typhus originates in disorganization of the blood.

After the chill in typhus, there is a greater amount of continuous heat. The invasion of typhoid is more gradual. After its preliminary chill, there is a remarkably regular and typical rise and fall of temperature every day. From morning to evening there is, every day, an increase of one degree, centigrade, in the temperature of the body, and from evening to morning a decrease of half a degree as regularly recurs for several days. This peculiar rise and fall of temperature is said to be characteristic of typhoid fever.

As distinguished from typhus, typhoid fever also has the following characteristic symptoms: The countenance appears less dusky or muddy looking; there is less stupor and apathy; the delirium is more active and there is a greater disposition to get out of bed (Bell, Hyos. and Opium); there is often a distention of the ascending, transverse and descending colon, giving the surface of the abdomen a concave appearance; the ileo-cæcal region is liable to be sensitive to pressure, and when diarrhœa occurs, pressure in this locality often gives a gurgling sound; this gurgling sound is seldom observed in typhus and there is in typhoid fever a greater predisposition to diarrhœa; the color of this diarrhœa is usually dark and fetid or yellow-ochrey, like pea soup, indicative of suppuration.

In each of these diseases, the eruption is peculiar. In Typhus it consists at first of bright-red, roseola-spots, gradually spreading all over the body, the face only excepted. These spots soon become livid and mottled in appearance, some of them being paler than others. Except in early stages, these spots do not disappear upon pressure. A miliary rash also appears among the livid spots.

In Typhoid fever, a pale, reddish, slightly elevated papular, lentil-sized eruption appears sparsely on the abdomen, chest, back, arms and dorsum of the hands. Unlike the typhus eruption, this rash entirely disappears upon pressure. It continues three or four days and then gradually fades away, to be followed by a successive

crop, whereas in typhus the rash is continuous. There are but few of these spots to be found at a time. Sudamina are also often present. In fatal cases, the typhus eruption remains after death. Both diseases may have as complications, pneumonia and enlargement of the spleen. Ulceration of the pharynx often occurs in typhoid fever, never in typhus. But typhus often has retention of urine and a catarrhal affection of the eyes, nose, throat and chest.

Of typhoid fever there are several varieties, among which may be mentioned typhoid pneumonia, broncho-typhus, the abortive typhoid fever, corresponding to gastric or nervous fever, typhus ambulatorius, in which the patient, though debilitated, is able to attend to business until he is suddenly prostrated with perforation of the intestines or intestinal hemorrhage, and typhus tumultuarius, in which the disease suddenly commences with great violence and rapidly progresses, reaching its climax in a few days.

Some discussion followed upon these papers.

PULMONARY CONSUMPTION.

Ox motion, Dr. Gregg, of Buffalo, was invited to address the society on the subject of Phthisis Pulmonalis.

The doctor complimented the society for the high position it had taken in reference to pure Homœopathy and then proceeded with his subject. He said that about one-fourth of all mankind die of tuberculous disease. With this degree of mortality no other diseases presented any comparison. Last century, consumption was in England called the English disease, because it was not known that it existed elsewhere, to but a limited extent.

Then consumptives were sent to Italy. But after a time a committee were sent to that country and they found there evidences of about the same fatality from this disease. Afterwards consumptives were sent in turn to the islands of Madeira, to Jamaica, Florida &c. But the same prevalence of this dreaded disease was found to exist in each of these countries. Insurance companies reject all applicants whose ancestors were affected with this disease. Yet the mortality reports of these companies, exhibit the same percentage of deaths from this disease that generally prevails.

He exhibited plates showing the various stages of tuberculous disease.

He then examined the various prevailing theories of the cause and nature of tubercles, showing that they were without foundation. One theory was that Inflammation was the cause of tuberculous deposit. But he showed that tubercle was often organized without attending inflammation.

Another theory was that of exudation. But though tubercles were observed to exist in the fetus and to be continually organized

in every stage of tuberculosis, no fluid or semi-fluid state of tubercle had ever yet been found to exist that enabled the advocates of this theory to "presume with tolerable certainty that it would have been tuberculized had the life of the sufferer been prolonged."

VIRCHOW rejected these theories but advanced another, that the tuberculous corpuscles correspond with connection tissue cells. Afterwards he states that they correspond with those of the lymphatic glands. But the connection tissue cells are essentially different in structure from those of the lymphatic glands, as the doctor showed by plates exhibiting five different kinds of cells besides the blood and tuberculous corpuscles. When Virchow reports what he sees, Dr. G. knows of no more reliable authority, but when he theorizes, the case is different.

There are two kinds of blood corpuscles, the red and the white. In a state of health, the ratio of these is one of the latter to 200 or 300 of the former. Throughout the system, pus originates in the white, or discolored red corpuscles. When the red corpuscles are treated with water, their coloring matter is washed out, and they become white corpuscles. Tuberculous deposits consist of the same white corpuscles dried down. An acute abscess preserves the tissues for the time from tuberculous deposit. He showed that the multinuclear tuberculous cell of Virchow is identical with the discolored red-blood corpuscles, and that the latter also corresponds exactly in every particular with M. Lebert's description of the "characteristic tuberculous corpuscle."

Composition of the blood in 1,000 parts:

Albumen	70.
Water	403.
Blood corpuscles	512.
Fibrin	2.20
Fatty matters	1.30
Salts	6.03
Extractive matters	5.47

The loss of any portion of Albumen leaves the remaining constituents of the blood in a relative excess, and such excess of these constituents becomes practically foreign matter, which the system must dispose of in some manner.

When any of the mucous membranes of the body become abraded from any cause, this loss of albumen always occurs in a greater or lesser degree, and this is a prolific source of disease, especially of pulmonary consumption. The resultant relative excess of water is disposed of by increased excretion through the kidneys, or through the skin, in the latter case occasioning night-sweats—a conservative process—or it is deposited in the tissues in some form of dropsy.

The fatty matters of the blood remaining in excess, are discharged in the urine, forming an oily pellicle, in the dejections from the bowels, in perspiration, in expectoration, or they may be deposited in fatty tumors. Otherwise they tend to produce fatty degeneration of the liver &c., as often occurs in consumption.

The fibrin, remaining in excess, forms the protective walls of abscesses; croupous and diphtheritic deposits are effused around; hepatization in pneumonia etc., to avoid the more immediate fatal effects resulting from the thrombi that would otherwise form within the vessels from the constantly accumulating fibrin. The relative superfluity of red blood-globules, floating in too watery serum, becomes decolorized, the coloring matter being washed out by endosmosis, and they then constitute white corpuscles, which are adhesive, and in the first stage of decomposition. These white corpuscles may become disintegrated and then excreted through the bowels, and thus the system gets rid of them. Otherwise, unless abscesses are formed, they are deposited in the capillaries, constituting tubercles.

Dr. Moore's report was referred to by Dr. Gwynn. This report indicates that albumen was not found deficient in cases of tuberculosis. But Dr. Gregg said that Dr. M. did not separate the albumen from the blood-corpuscles in his experiments, hence the latter were defective, though they were, doubtless, honestly made. Besides, all know that the blood is watery and impoverished and of less specific gravity in all consumptives than it is in health, but neither of these conditions can be brought about except through a loss of a portion of its albumen.

Proofs of the identity of tubercles and white blood-corpuscles: In the animal system there are but two kinds of cells whether of natural or of morbid growth that do not possess a nucleus, and these are the full-developed red blood-corpuscles, and afterwards becoming the white corpuscle, and the tuberculous corpuscle.

Tubercles have never been found in cartilages and there are no blood-vessels in these tissues to carry the decolorized blood-corpuscles into them to make tubercle. But cartilage is furnished with nutriment from all the other elements of the blood circulating through its canaliculi. Where the capillaries are the most numerous, tubercles are found deposited most frequently; *e. g.*, in the apex of the lungs; while those tissues where they are the sparsest are the least ravaged by tubercles.

Emaciation in consumption is occasioned by a loss of albumen which is the proper food of muscles. But at the same time, there is an excess of nutrition in every other tissue. A scrofulous child is often precocious because the brain is nourished in excess by the superfluous phosphates, etc. left by the loss of albumen.

In relieving tuberculous cases, boils are generally developed. After the suppression of boils, consumption is often the result. When the development of boils is excessive, their cause must be treated specifically the same as any other disease originating in a disproportion of the constituent elements of the blood.

Carbuncles have the same structure as furuncles. And he believed the same to be true of whitlow. Cancer-corpuscles are entirely different. In cancer, there is a deficiency of albumen. Paleness, when permanent, is characteristic of loss of albumen.

In consumptives, the colorless corpuscles are greatly in excess of their normal proportion. And these are the material for the formation of tubercle. In almost all consumptive and scrofulous subjects, there is an excessive development of the lymphatic glands, because the loss of albumen leaves the gland-making materials of the blood in excess.

Specific remedies for boils and abscesses, hasten their development by concentrating the deposit of foreign matters. When there is a loss of albumen, the great point is to heal the mucous membranes. This is to be done only by specific homeopathic treatment. Local treatment of nasal catarrh by catarrh-snuffs or by snuffing cold water or salt-water into the nostrils, will often drive the disease or cause of disease to the throat. Then treating the throat by the use of caustics, gargles or cold wet bandages around the neck, drives the disease to the lungs.

PROOF OF SUCH DANGEROUS METASTASES.

In treating lung diseases, when throat diseases are developed, this occurrence is always a favorable indication. When the throat is relieved, nasal catarrh follows and finally an eruption upon the skin may appear. After the relief of the lung disease, the original complaints return in an order inverse to their original development. Nature first protects the most vital organ. In order to treat pulmonary consumption intelligently and successfully, it is important to have a correct theory of its cause and nature. The old theories of consumption were invented to cover the want of accurate knowledge and to furnish excuses for bad treatment. It is time that these vicious theories were exploded.

INDICATIONS FOR TREATMENT.

Arsenicum.—Other symptoms corresponding, lung diseases with stitching (not shooting) pains in the apex of the right lung.

Belladonna.—Similar symptoms, but not so prominent as arsen.

Calcarea carb..—Acts upon the upper portion of the right lung.

Sepia.—Acts upon the middle portion of the right lung.

Mercurius vivus.—To some extent upon the central and lower portion of the right lung.

Kali carbonic.—Very prominently upon the lower portion of the right lung.

Borax.—Drawing sensation through central portion of right lung.

Phosphorus.—In pneumonia of lower half of right lung; stitches in intercostals aggravated by pressure and by lying upon the right side. Also in tuberculosis and pneumonia with acute pain in lower portion of left lung, greatly aggravated by lying on the *left* side.

Pulsatilla.—Similar symptoms, but its other symptoms disagree; patient cannot bear fatty food, has freckles, etc.

Phosphorus.—Patient bears fatty food better.

Sulphur.—Severe acute pain deep in left lung, outside of nipple. Aggravation at evening.

DR. GREGG has never found remedies to act satisfactorily in serious cases upon the apex of the left lung. By reference to his excellent chart, he pointed out the indications for a great variety of remedies.

The location, direction and character of the pains, are suggestive of the remedy that will not only remove the pains but also cure the tuberculosis. He gave illustrations. Acute pains arise before organic diseases are developed. Hence these pains are not an unmitigated evil requiring morphine to destroy the sensibility, but they are suggestive of the remedy that will remove the cause and are nature's great guide in the cure.

DR. BOYCE, of Auburn, moved a vote of thanks to Dr. Gregg for his very able, original and instructive address. Dr. J. G. Bigelow seconded the motion.

DR. CLARY stated that he was a convert to some of Dr. Gregg's positions. His chart would prove valuable to the profession, because it simplifies the choice of the curative remedy. He also seconded the motion, which was unanimously carried.

A valuable paper on the treatment of pulmonary phthisis, serving as a supplement to Dr. Gregg's address was received from Prof. C. C. Smith, of Philadelphia, but too late for presentation to the society. (See page 1.)

ELECTION OF OFFICERS FOR THE ENSUING YEAR.

President—P. O. C. Benson, of Skaneateles.

Vice President—R. E. Schenck, of Plainville.

Secretary and Treasurer—H. V. Miller, of Syracuse.

A committee of three was appointed to select a subject for discussion, and place for next meeting: Drs. Sumner, Clary and Miller.

Adjourned to third Thursday in Sept.

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POST PARTUM SECONDARY HEMORRHAGE.

BY J. H. MARSDEN, A.M., M.D.

(Read before the Hom. Med. Society of Pennsylvania.)

It has long been a matter of surprise to me that obstetrical writers have devoted so little space to the subject indicated by the above designation. Its importance certainly merits more attention than has thus far been accorded to it. Of all the writers to whose works I have had access, Dr. Barnes in his "Obstetric Operations," does it most justice, and here as every where is very instructive. It is not that I have any hope of supplying the deficiency above referred to that I present this paper on the present occasion, nor can I even flatter myself that I shall be able to offer anything new or unknown to those who favor me with their attention. My object is mainly to present the subject for discussion and thus to elicit the experience of others who may have had opportunities beyond my own.

Under the head of "Secondary Puerperal Hemorrhage," Dr. Barnes treats of several forms which have not their origin within the uterine cavity, as, for instance, those arising from laceration or abrasion of the cervix, laceration of the vagina or perineum, etc. It is our present design, however, to speak only of hemorrhage having its source in the internal surface of the womb, and such as occurs not earlier after delivery

than the second or third day, and may take place at a much later period.

This form of hemorrhage is peculiarly dangerous from attendant circumstances and from the pathological condition upon which it often depends. When hemorrhage occurs shortly after birth, some symptoms usually herald its approach.

“Coming events cast their shadows before;” and the prudent accoucheur remains with his patient provided with the best means at his disposal to ward off approaching danger. Not so however when secondary hemorrhage takes place. Its occurrence is perhaps not anticipated; the patient is alone with the nurse or members of her family, it may be unsuspectingly enjoying quiet sleep, so necessary to her restoration, when waking suddenly she finds herself immersed in a pool of her own blood. The doctor is hastily sent for, but lives miles away, and is, perhaps, even not at home when the messenger arrives. Before any thing is effectually done the patient has become exanguinous and pulseless, and, if of a feeble constitution, may have sunk below the rallying point.

Another source of peculiar danger is found in the liability of the blood clots resulting from the hemorrhage to become putrid within the womb, and thus give rise to septicæmia, often in its worst form. It has seemed to me that the womb has less power to expel foreign bodies after the secondary hemorrhage than after that which may occur shortly subsequent to delivery. The bloodvessels too, being so thoroughly depleted of their normal contents, the more readily absorb any fluid within their reach, be it noxious or otherwise.

There are also morbid conditions sometimes coexistent with this form of hemorrhage, which may indeed have contributed to its occurrence and which at least adds to its danger. There may, for instance, have been pre-existing circumscribed inflammation of the internal surface of the womb. It may have constituted a factor in the production of hemorrhage; but, be this as it may, when this has taken place, it very considerably augments the danger of its results. The patient then not

only suffers exhaustion from loss of blood, but from the depressing, consuming effects of local inflammation. The citadel of life is assaulted at different points, and in consequence is too often doomed to fall.

If moreover, it be true, as some have supposed, that secondary hemorrhage sometimes has its origin in a peculiar dyscrasia of the blood itself, in consequence of which it is thinned in its consistence or its coagulability diminished, or both, for they are likely to be associated, it is manifest the arrest of the flow by Nature's usual method would be more difficult, and the consequent danger of the result increased. The impaired state of health, too, necessarily concomitant with such a dyscrasia of the blood, would render the patient far less likely to rally from extreme exhaustion from profuse hemorrhage.

Fortunately cases of secondary post partum hemorrhage are comparatively rare, for it mostly depends upon causes which the careful practitioner may avoid. We will at present undertake to enumerate but a few of the more prominent of these, and subsequently endeavor to indicate, so far as we can, both prophylaxis and remedy.

Among the most fruitful sources of this form of hemorrhage may be mentioned portions of the placenta or even membranes left behind within the womb. If these portions be detached and escape the hand of the operator so as to be retained, they are perhaps less likely to produce this disastrous result than if left undetached. In the former case they merely act as a foreign body, and as such produce irritation upon the internal surface of the womb, and, consequently, invite an unwonted afflux of blood to the part and thus encourage hemorrhage. But in the latter they furnish an outlet by which the vessels of the womb pour out their contents into the cavity of that organ. Besides, if any considerable portion of the placenta remain, by its bulk it prevents the uniform contraction or involution of the womb and consequently the perfect closure of the mouths of the maternal vessels, so essential to safety from

hemorrhage. Where the after-birth is firmly adherent, there is perhaps no more trying practical question to decide than to determine precisely how far we should go in our efforts to remove it. There is danger on either hand. If we avoid Scylla we are likely to fall into Charybdis. If we leave any portion behind we run the almost certain risk of hemorrhage; and, on the other hand, if we carry our efforts too far, we endanger the integrity of the uterine surface and consequently hazard fatal inflammation. For our own part we generally prefer to take the former risk. Cases are related by Dr. Rambotham where, upon making a section of the uterine wall through the adherent placenta, it was impossible to determine where the one ended and the other began, and Dr. Barnes adds his testimony to the same effect. It is evident that in such cases a complete separation is out of the question. But suppose we are obliged to leave and know we have left a portion of undetached and undetachable placenta behind, what can we do to guard against hemorrhage, or can we effectively do any thing? In such a case, especially if immediate hemorrhage followed, I believe I would not hesitate to inject into the womb a weak solution of perchloride of iron—persulphate some might prefer. When I have used this article I have prepared it by gradually adding the drug little by little to the requisite quantity of water, still applying a few drops to the tongue upon each addition, until the solution had acquired a decided but not very strong styptic taste. I have by no means used it in the strength directed by Dr. Barnes, for I think this unnecessary and not devoid of danger; whereas in strength just sufficient to coagulate the blood all useful purposes are accomplished, and, I think, danger avoided. By forming a coagulum within the bleeding orifices I would hope for a permanent closure, at least until disintegration might detach the retained portion of placenta or the process of absorption finally obliterate the bleeding vessels. I know some will widely differ from me in opinion, and if so, none will more sincerely rejoice than myself to hear pointed out a better way.

Another cause of secondary post partum hemorrhage we would notice, is the retention of blood clots within the uterine cavity. From various causes it sometimes happens that the uterus does not firmly contract after delivery, and blood still oozing from the patulous mouths of the vessels, forms a coagulum which the deficient powers of that organ are unable to expel. This coagulum may increase in size by continued accretions, and thus in turn prevent the further contraction of the womb and the firm closure of the mouths of its vessels, and in the meanwhile, acting as a foreign body, produce irritation. This will cause an increased flow of blood to the womb while under its distending force, the imperfect closure of the vessels may give way and more or less alarming hemorrhage ensue. To forestall and prevent the accident from this source we should of course, by a resort to the means pointed out in our obstetrical works, where such is necessary, secure perfect contraction of the womb before leaving the patient after delivery and from time to time see that such contraction is maintained. When clots are known or suspected to exist within the womb, obstetrical writers instruct us to introduce the hand and turn them out. While it is now well known that the introduction of the hand into the interior of the womb is not fraught with such fearful consequences as it was once supposed to be, it is, nevertheless, best not to make a plaything of that organ. Where deficient powers of contraction may be the cause of the accumulation of coagula, *Pulsatilla* and *Secale* may be very useful if administered according to their indications.

Mental emotions sometimes give rise to secondary hemorrhage. This is brought about indirectly through their influence upon the heart. We may suppose in such cases that the mouths of the maternal vessels are not yet fairly closed, and when the heart, from fright or other emotion, is excited to unwonted action, the increased impetus given to the blood causes it to break through the imperfect barriers at the mouths of the uterine vessels opposing its exit. Common sense prescribes as the best prophylaxis against accidents from this cause that

the patient, especially if of a nervous temperament, should be scrupulously secluded from all sources of emotional excitement. Derangement of the innervation which controls the contractile powers of the womb, giving rise to irregular unsymmetrical contraction of that organ after delivery, constitutes another source of secondary hemorrhage. The womb, when this power is intact, usually assumes a globular form—on the other hand, when impaired in the manner referred to, the form assumed may be cylindrical or otherwise abnormal. Such contraction, but an imperfect safeguard against hemorrhage, even at the first, is apt to relax in a few days and may be followed by profuse flooding.

Another derangement of innervation or nervous function giving rise to secondary hemorrhage may yet be mentioned. It is that in consequence of which an equilibrium of the circulation is no longer maintained. There is undue afflux of blood, first to one organ or part, then to another. The womb is liable in turn to become the seat of this afflux, and the consequence sometimes is profuse and even fatal hemorrhage.

I have thus enumerated some of the principal causes of that form of hemorrhage which now engages our attention; allow me, before closing, to detail several cases in illustrating what I have already advanced. Fortunately, I have met with few such, and yet the remembrance of them brings over me a feeling of inexpressible sadness. I give them rather in the chronological order of their occurrence than in that of the causes as I have enumerated them.

Case 1st. A young woman of low stature—first child. She was in labor for at least three days, owing, at first, to deficiency of uterine contractions, and then, in the second stage, to the large size of the child. She was delivered without instrumental interference, and made a reasonably good recovery up to the tenth day, when she began to sit up out of bed. Her mother then, unfortunately, gave her some rice pudding at her dinner, prepared with milk—an article which had always disagreed with her. This imprudence brought on violent cholera

morbus, and the irritation extended to the womb—already susceptible from its contused condition, in consequence of an unusually protracted labor. The vomiting and diarrhœa yielded to treatment, but, in two or three days, her face at one time would become congested and almost of a purple color; then the lungs would be so oppressed as to cause extreme dyspnœa, while the face would become pale. Finally, the afflux of blood was determined to the womb, followed by a hemorrhage, which at once brought her to death's door. This occurred in the night. I was not present, but an experienced physician and his son, who had been called in to my aid, were with her. She expired the following evening.

Case 2d. This patient was already the mother of several children, and at the time referred to had a somewhat tedious but not abnormal labor. She was making a good recovery; but, while yet confined to bed, and the nurse out of the room, one of her younger children got hold of a match box, and commenced scraping the matches upon the wall. She was greatly alarmed, and unable to leave her bed, or to make the nurse hear her call. The excitement was followed by very copious hemorrhage, which however, subsided under immediate treatment, without any disastrous result. This occurred many years ago, and the same lady is now under my care, suffering from organic affection of the heart.

Case 3d was a young woman—second confinement. She was attended by a midwife, and who was unable to remove the after-birth. There had been retention for a day or two, as I understood, in her first confinement, but it was afterward extruded. Her child was born about 8 o'clock, P.M. Next morning a young physician was called in, who, after making some ineffectual attempts, declared that it would be necessary to administer chloroform, which he was not competent to do, and advised that I should be sent for. When called upon, I was already engaged in an obstetrical case, and could not see this patient till the evening. After putting her under the influence of chloroform, and introducing the hand, I found the

womb so firmly contracted over the placenta, that the fingers had but the most limited play for exploration; the placenta seemed to be most firmly adherent throughout its whole extent, except the lower margin. It seemed moreover, to be abnormal in its structure. Instead of the brittle parenchymatous feel that is common, it conveyed to the sense of touch the idea of wet leather, or, perhaps, rather the muscular part of beef. The young physician having left before I arrived, there was no one to whom I could entrust the chloroform, and I determined therefore, to leave the case for the present, believing, as I did, that the adhesion was very intimate, and, in a day or two, when perhaps disintegration had partially taken place, I would fully dilate the os by means of caoutchouc bags, introduce the hand, and, if possible, remove the whole mass. In the meanwhile I gave the patient bi-sulphite of soda, to prevent, if possible, septicæmia, syringing the vagina and the womb, so far as could be done, with a very weak solution of permanganate of potassa. Some one will, perhaps, say that was not homœopathy. I know it was not, but I could not see how homœopathy was applicable to the case before me. If it was, I will be most happy to be instructed how. Nor do I say this in disparagement of homœopathy. On the contrary, I think nothing the less of it because I cannot see how it may be applied instead of the knife and saw to the amputation of a limb, to determine the genus and species of an unknown plant, or to demonstrate, by a shorter method, the fifth proposition of the first book of Euclid. To force it into such service would surely be "homœopathy misapplied," and that—we would think—beyond controversy.

Unfortunately, the most violent hemorrhage occurred, in this case, during my absence, and before I had opportunity to execute my purposes. I was several miles distant, and a nearer physician was called in, who made some unsuccessful efforts to remove the placenta. The portions he removed were still free from putridity, and as tough, and very much of the same texture as the muscle of beef. The patient was still flooding when

I arrived, and was speechless and almost pulseless. I injected a weak solution of perchloride of iron, upon which the hemorrhage immediately ceased. By the next day her pulse had rallied, but shortly afterwards unmistakable symptoms of septicæmia set in, of which she shortly died. Homœopathic remedies were administered in this last condition, *Arsenicum album* and possibly some others now forgotten, but without avail.

One other case, which I shall not now relate, makes up the sum, I believe, of violent secondary post partum hemorrhages I have had the misfortune to see.

We have before observed that the physician, especially in the country, is seldom present during the most violent stage of the hemorrhage of which we speak. Should he be and the same accompanying symptoms present themselves as in the hemorrhage occurring just after birth, the remedies indicated in the one case would be also proper in the other. But in the majority of cases we should simply witness the violent gush of blood and the rapid sinking of the vital powers, demanding the immediate arrest of the flow if we would save the life of our patient or prevent her sinking into that depth of prostration from which too often there is no return. Here the various expedients for producing contraction of the womb, if that be found relaxed as is mostly the case, immediately suggest themselves, and most of them need not interfere with the most skillful medication simultaneously carried on. It is an excellent plan for country practitioners to instruct some women in every neighborhood how to use the more simple of these expedients, such as kneading or firm compression of the womb, or even the application of the tampon. By so doing I verily believe lives would often be saved which are now lost for want of such knowledge.

We not unfrequently meet with, especially after abortion, a long-continued bloody discharge, taking the place of the normal lochia. This, perhaps, scarcely merits the name of hemorrhage, yet it is virtually such. I have found *Nux mos-*

chata, 1st dec., the best remedy for this trouble. Gentle exercise also—at least according to the testimony of women themselves—often contributes to its cessation.

RHEUMATIC FEVER COMPLICATED WITH EPILEPSY.

BY A. PUTSCH, M.D.

I WAS called on the evening of the 15th of May, 1873, to see Miss H——. Learned that the patient had been delirious all night and she now complained of severe headache, pain in the neck and extremities, which with other symptoms assured me of the existence of hyperemia of the brain. The case proved to be one of rheumatic fever however; the pulse was 115. I gave *Bellad.*³, and *Rhus tox.*³, to be repeated every half-hour. I visited the patient next morning and found a decided improvement; pulse 95. Continued the same medicines, as before.

On the following night I was called from my house in great haste and found the parents and friends of the patient at the house and in a state of great excitement. They declared the patient was dying, &c. After I had quieted their fears, I learned that sometime before my arrival her heart had stopped beating, she had no pulse, lost consciousness, and could not speak. At the time I arrived she was rallying; the pulse was slow and feeble, and the body cold on the surface; she was, however, soon able to speak to me. On further examination I learned that since my visit on the morning of the 16th inst., severe rheumatic pains had set in in her left foot, and on the dorsum of the foot I found an erysipelatous redness, with great sensitiveness to the touch. She reported that immediately before the spell came on the pain in the foot and the redness had disappeared, while at the same time the left hand and arm got quite numb.

On examination I found that real anaesthesia now existed in that arm and hand. Gave *Lach.*⁸, to be continued every

half-hour. In fifteen minutes after giving the medicine, the anaesthesia left the arm and hand, and the pain and redness returned to the left foot. Before I left the house I learned that when they had sent for me in such great haste they had also sent for an allopathic doctor, and that the messenger had returned saying that he had called on four different doctors and that they all declined to come, under the pretext of not feeling well.

On the next night, soon after midnight, I was called again. Found on my arrival that the patient had had the same kind of a spell, lasting only about half a minute. Left her under the same medicine.

Next evening when I visited the patient I found the same rheumatic pain in her left foot, and that during the day she had had another of those "spells." Ordered the same medicines continued.

When I called again on Sunday evening, the 18th inst., I learned from the parents that they had sent for two of our eminent allopathic physicians, and that the patient was then taking medicine prescribed by them.

I was called again on the evening of the 1st of July, to the same patient. Found, to my surprise, the patient in a severe epileptic fit, which had continued about an hour. I learned that the fit had set in with a violent scream; during the fit the body was bent as in "trismus," only arching from the hips to the head, both legs being drawn up. I learned that they had given up allopathy and the parents wished me to again take the patient under treatment. On examination I found the rheumatic pain still in the left leg, but that it had now become localized in the left knee; the leg was contracted so that she could not straighten it, and about the knee-joint was very painful on pressure. Gave *Lach.*⁸, to be continued every half-hour.

I visited the patient next morning; found that she was still suffering from the rheumatic pain in her left leg and knee, and continued the same medicine.

I was called again from my house in great haste the next night, and on my arrival found the patient in another epileptic fit. Learned that during the previous day the rheumatic pains had shifted from the left to the right knee; the left one still pained some, but the pain in the right knee was oppressive; both legs were now contracted. The fit passed off in about fifteen minutes after I arrived. Gave *Lach.*²⁰⁰ and *Pulsat.*²⁰⁰, to be taken in alternation every hour.

On visiting the patient next morning I found her dressed and walking about the room. In reply to my inquiry, she remarked smilingly that she "felt perfectly well."

The pains and contractions with all the other symptoms, had left, and up to the present writing, July 22nd, she has remained entirely free from all her former symptoms.

TOBACCO.

BY J. B. WOOD, M.D.

(Read before the Hom. Med. Society of Pennsylvania.)

HAHNEMANN in his "Lesser Writings," says, "the specific properties of tobacco consist, among other things, in diminishing the external senses and obscuring the intellect."

Even in a very small dose it excites the muscular action of the *primæ viæ* violently, but diminishes their sensibility. In larger doses it deprives of their irritability the muscles of voluntary motion, and temporarily removes from them the influence of cerebral power; but this very properly makes its constant employment in large quantities (as by tobacco chewers and snuff takers) so injurious to the tranquil state of the muscles belonging to the animal functions, that a tendency to epilepsy, hypochondriasis and hysteria are, in the course of time, developed.

From the testimony here adduced by the most profound reasoner of his own or indeed of any other age, one may reasonably suppose that none of his followers would indulge in a practice indicating an opposite theory.

Years have elapsed since I became convinced of the enormity, not to say crime, of tobacco smoking and chewing, but I have been silently awaiting the action of some abler pen than mine, in order that the public, and especially the members of our noble profession, may the better consider its moral and physical effects and tendencies,

On looking around me, I am appalled by the fact that but few homœopathic physicians are not themselves victims to a deplorable extent of the vice of smoking or chewing (or perhaps both) the article in question.

Medical men have in times past written articles proving conclusively its deleterious effects upon the human system; all medical men know it, and yet many, without remorse of conscience and in violation of the laws of health, continue its use.

An eminent physician of forty years' experience has carefully noted down, during that entire period, its effects upon the system in health and disease, and solemnly avers, as the result of his observations that, when sickness overtakes a person addicted to the habit of smoking or chewing tobacco, his case is less amenable to treatment, the complaint is more protracted and the probability of cure correspondingly diminished.

This accords so entirely with my own views and experience during a period of twenty years, that I readily adopt them as my own. To the credit of our profession be it said, we have had some able advocates of total abstinence from the use of tobacco in our ranks, among whom may be mentioned the late lamented Walter Williamson, M.D. (and I never speak his name but with reverence), who frequently took occasion to expostulate with his class on so vile a practice, denominating it "*a nasty, dirty, filthy habit and a twin sister of that other enormity, dram drinking, the one begetting a taste and appetite for the other.*"

My own observations justify this assertion. Now let me picture to you, gentlemen, a homœopathic physician (if

you please) an inveterate smoker—and there are many such—who throws away or lays aside his segar at the moment of entering the domicile of his patient; all perfumed and clothing saturated (if I may use the expression) with tobacco smoke, he enters the patient's room, who—by the by—is a delicate, sensitive female, and forthwith, amid all this perfume of tobacco, he imagines he smells camphor, and has it forthwith removed, he smells musk, and it shares a similar fate, and so on of a dozen different articles I might enumerate; but why not think of the greatest nuisance of them all, created by himself, the smell of tobacco smoke, which is mostly exceedingly disagreeable to the patient, and as likely to interfere with the proper action of his remedy as any of the articles removed. Does not all this remind you of the words of Burns?

“Oh, wad some power the giftie gie us
To see oursel as ithers see us.”

In regard to its effects upon the human system, let me give you an example that has recently come under my observation. It is a boy of twelve years, a slave to tobacco chewing and smoking; though of ordinarily robust and healthy parents, he has a thin spare face like a hatchet, and the color of a baked apple, instead of the rosy, fresh face of childhood, is dwarfed in stature, blunted in sensibilities, an adept in swearing, vulgarity and the other requisites of this appalling vice.

In homœopathic practice, we find the following verified symptoms of this remedy, viz.: Stupid, is unable to collect his thoughts, great restlessness, anguish, oppressive apprehensiveness, melancholy, palpitation of the heart, oppression of the chest, driving him from one place to another with constant moaning, vertigo, reeling, feeling of heaviness of the head, violent headache, stitches from the forehead to the occiput, sticking in the ears and a sensation as if they were closed, fluent coryza, sour taste, burning in the throat and mouth, scraping and burning in the pharynx, voracious appetite followed by nausea, loathing and vomiting, spasmodic pressure in the region of the pylorus, pinching in the abdomen,

diarrhœa, nocturnal emissions, tickling and scraping in the throat with irritating cough, sticking in the chest with inability to take a deep breath, frightful dreams, etc.

The foregoing is a true picture of the effects of the article under consideration. Some one will say that I use language unnecessarily harsh and severe in condemnation of the practice alluded to. Perhaps I do; but do not the laws of the country say, if I rob my neighbor's hen-roost, that it is larceny? if I waylay any one, and take from him his money or other valuables, that it is highway robbery? if I lay in wait, and kill any one, that it is murder? Then why should we deal gently with the man who attacks the human citadel, who habitually violates the laws of his physical being—the laws of life?

We have abundant evidence that tobacco reduces the animal temperature and leads to disorganization of the heart and other organs, in consequence of an irregular supply of blood. It belongs to that class of exciting substances that has no nutritive properties, and likewise to that class that detracts from functions essential to healthy life; and the stimulation caused by it leaves the system, when its effects subside, below the previous normal standard.

Now, if we believe this—and no one can bear testimony to the contrary—I call upon all, and especially upon all homœopathic physicians, who are in the habit of smoking or chewing tobacco, to conscientiously consider the subject and discontinue its use, and thereby practice what they preach to their patients.

EXPERIENCE WITH STRUMA: ITS TREATMENT AND THE REPORT OF A CASE.

BY ADOLPH ELELEIN, M.D.

(*Read before the Hom. Med. Society of Pennsylvania.*)

THE enlargement of the glandula thyroidea is so closely related to scrofula, that the term struma was formerly used.

Goitre is a stationary affection similar to hypertrophy of the lymphatic glands in the axilla, etc. The increased size of this gland, as well as its first unexpected appearance, make it desirable that something be done to remedy the evil as soon as possible, particularly when dyspnœa and disfiguration manifest themselves. The symptoms of compression are caused by the enlarged gland, and depend upon the course which this enlargement takes. When the hypertrophy takes place anteriorly only, it is most for respiration, but at the same time the most unsightly. Displacement of the sterno cleido mastoid muscles takes place when the hypertrophy is on the side of the gland, disturbing the circulation and causing innervation. Should dysphagia or dyspnœa or both manifest themselves, it is then evident that the hypertrophy has encircled the œsophagus or trachea. The most dangerous form of this affection is when the lower portion of the gland enlarges downward, under the manubrium sterni, and then increases in all directions.

The enlargement of this gland is of two varieties. Either the development of the lobules in their physiological condition is increased, whereby an hypertrophy en masse is produced (*struma lymphatica*), or several of the lobules increase in size, the walls become thinner and cysts are formed (*struma cystica*), which, in children only a few years old, may attain the size of one inch or more. The contents of these cysts are a gelatinous yellow or brownish substance, which is known as colloid. The walls of these cysts are, as a rule, in children very thin and soft; whereas in adults the walls are thickened and even ossification has been observed. The cysts are uneven and rough; the larger ones fluctuate distinctly. The lymphatic goitre never presents the roundness which characterizes the cystic form.

TREATMENT.

The thyroid gland has some very important connections in relation to the lungs (although its functions have not yet been positively ascertained), which make it necessary to

avoid the external application of Iodine when pathological growths exist.

I would here state that it belongs only to the Carbonate of Lime to produce goitre. Iodine is reputed to possess the same qualities as Calc. carb., but I think if it were combined with Calcareo it would answer the purpose better.

Perhaps Ferrum would prove of service in this affection, because it increases the already existing enlargement.

Besides Calc. carb. and Iodine, Apis has been used, and with benefit.

I would prefer to use Calc. carb. in cystic struma, as we know from experience that it has been successful in other cystic tumors, during a systematic treatment, *i. e.*, giving the medicine for some time, then for a short interval use no drugs at all, and give the remedy in different doses.

Also, Bromine and Spongia, if used in proper dilution, would do no harm. The term "Kropfschamm" for Spongia has its signification. Lastly, the cautious use of Kali hydr. might be beneficial.

A CASE OF STRUMA CURED.

May 26th, 1871. Mary S., æt. 10 years. Sanguine temperament, muscles soft and flabby; suffering from rheumatism and diarrhoea, with aversion to meat. In the 7th year of her age struma developed itself, which was treated allopathically. Among other remedies, the external use of Iodine was persistently applied not only without any benefit, but the tumor increasing during its use; besides, anorexia set in, and the patient began rapidly to emaciate. At this stage I was called. Examination revealed a tumor on the left anterior surface of the gland, the size of a pigeon egg, of soft and doughy feel, and movable, the veins crossing the tumor distinctly visible. *R.* Calc. carb.³, one dose daily for eight days.

June 26th. Appetite better, but no change in tumor. *R.* Calc. carb.⁶ 20 gtts. in 2 oz. water, dessert-spoonful twice a day.

July 22d. Remarkable improvement; circumference of struma less, and a swelling of one year's standing too entirely disappeared. Now Calc. carb., 3d trit., 1 gr. twice a day for four days. Before October the tumor was rapidly diminishing, and before the close of the year the patient was pronounced entirely cured.

GUN SHOT FRACTURE AND PARTIAL EXCISION OF THE INFERIOR MAXILLARY BONE.

BY H. W. FULTON, M.D.

(*Read before the Hom. Med. Society of Pennsylvania.*)

ON last Christmas I was called to attend Michael S., æt. 18, who received on the same day a severe gun shot wound of the lower jaw, consisting of a compound comminuted fracture of the inferior maxillary bone. It was caused by an accidental discharge from his fowling piece, on which he fell when he was pursuing his game. The muzzle of the gun was bearing against his left breast and pointing upwards and obliquely to the right, when the entire discharge of shot and powder, with a piece of his coat, entered the soft parts beneath his chin, and forced their way through the body of the right inferior maxillary bone, and lodged behind the ramus and beneath the glenoid cavity, and close to the inferior maxillary artery. The body was broken in several pieces and partially torn from the tissues. The ramus was fractured about its middle and its superior portion forced inwards, with its rough, broken end bearing hard against the palatine arches and base of the tongue. A fair estimate of the extent of the laceration of the soft parts may be understood, when we state that the integument and sub-tissues were stripped from the anterior portion of the thyroid cartilage, and all the surface contained in the triangle bounded by the larynx, symphysis menti and angle of the inferior maxillary, including the floor of the mouth on the right of the tongue, were carried away.

I called in consultation my esteemed friend, Dr. J. H. McClelland, to whom I am greatly indebted for the valuable

advice and assistance rendered in the operation about to be related.

It was late in the day of the first consultation, and we concluded to postpone the operation until the following morning. I called upon Dr. D. Cowley, who kindly offered his assistance and administered the chloroform. I made an incision from the edge of the wound, about an inch posterior to the symphysis, to within half an inch of Steno's duct. The facial artery, divided by this incision, was ligated without hemorrhage, having been firmly compressed between the thumb and finger of the assistant. By making traction on the flaps, the superior portion of the ramus, in the position as above described, was exposed to view; the outer surface of which was denuded of its periosteum to within half an inch of the sigmoid notch. The superior half of the internal pterygoid muscle that had escaped injury, and was drawing the bone inwards, was divided, and the bone drawn out to its normal position.

Our first impression was, that it would be necessary to disarticulate at the condyle; but we found, on further examination, that there had been no luxation, and no injury of either condyle or sigmoid notch. We therefore concluded to save both processes, with about an inch of the ramus, for two reasons: first, there would be less deformity; and second, he could better control the movements of his jaw in the act of mastication, in the event of a new bone-formation.

It was impossible to use the saw in the excision of the ramus, without extending the incision across Steno's duct, which we desired to preserve intact. We therefore resorted to the bone nippers, which were applied to the ramus after using hard traction on the flaps; but the combined strength of Dr. McClelland and myself on the nippers was unequal to the hardness of the bone, and it was only when a pair of bone forceps was applied to the free end of the ramus, and a see-saw movement made, that the bone could be parted. When this was accomplished, and the rough edges smoothed off, we dissected out about two inches of the body at the symphysis. The sub-

maxillary gland was removed, it having been more or less injured and its duct destroyed. After the fimbriated edges of the wound were trimmed with the scissors, the flaps were secured in position with three silk sutures internally and four wire sutures externally. This double stitching was necessary to retain the flaps, on account of the thickness and swelled condition of the cheek. The wound beneath the chin was allowed to close by granulation.

The patient soon recovered from the effects of the anaesthetic, and, in reply to the inquiry if he suffered much pain, answered in the negative by a shake of his head, as he was unable to express himself orally. He was then placed in an easy reclining chair, and perfect quietude enjoined, and was placed in charge of a careful nurse, who could be in constant attendance, and who was instructed to keep his chamber at a temperature of about 60° F.

I directed a wash of Carbolic Acid and Glycerine—one part of the former to eight of the latter—diluted in double its portion of water before using, to be injected into the wound by insinuating the syringe into the mouth and into the wound beneath his chin, repeated every three or four hours, or more frequently should there arise any fetor,—so characteristic of the wounds about the mouth.

A bunch of oakum, saturated with the above wash, was placed in the wound, to receive the saliva that was constantly poured out through the cavity, and was removed as often as it became thoroughly saturated with the discharges. The only bandage required was a roller passed under his jaw and secured over his head, to hold the oakum in position. The patient was placed on a low diet, consisting of gruels made in liquid form, and administered through a tin tube inserted into his mouth and carried well back towards the fauces; but, notwithstanding this precaution, about half of his food would drop through the cavity of the wound. On the third day slight fever, pulse 90. Gave *Rhus tox.* every 2 hours; healthy pus forming.

Fourth day. Fever subsided, and appetite improving; pulse 84; very little sloughing.

Fifth day. Directed a Calendula wash to be used instead of the Carbolic Acid and Glycerine, as the wound was inodorous, sloughing had ceased and the amount of salivary secretions had become normal.

On the seventh day the floor of the mouth had closed by granulation, and his food could be taken without any inconvenience.

On the eleventh day I discovered a hardening beneath the mucous membrane, in the tract of the incised jaw. A splint, composed of gum shellac and canvas, moulded to a proper shape on the nurse's jaw, was placed in position, for the double purpose of bringing in place the mouth, drawn to one side by the opposing muscles on the opposite side of the face, and for the support of the swollen cheek, which, in its pendent condition, would endanger a malposition of the new jaw.

On the fourteenth day we had positive evidence of the formation of a new jaw, by the cartilaginous condition of the tract of the excised bone, which moved in concert with the left maxillary in the act of mastication.

On the twenty-third day I found my patient well and in his father's store attending to his customary labors. The contour of his face is almost perfect.

ALLOPATHY—PAST AND PRESENT.

It is impossible for one who knows anything of the history of medicine during the early part of this century, not to remark the great difference existing between the allopathy "of the period," and that which was practised almost universally until about twenty years ago, and till still more recent times, by perhaps the majority of routine and country practitioners.

In the early period of Hahnemann's practice, his soul revolted from the barbarous system of treatment which was then prevalent, and rather than continue to practise it, even before he knew of a better system, he retired altogether into

private life, and supported himself by writing. Patients at that day were bled over and over again for trifling ailments, which we now know are not only not cured or improved by such treatment, but are made materially worse. They were brought by this system of depletion to the very verge of the grave, a condition from which many never rallied, and others who did, bore traces of the treatment they had undergone, in chronic bad health ever after. Purgation was then the great stroke of business following upon the bleeding; but this was of comparatively little permanent injury in acute cases, compared with the treatment of nearly all chronic ailments by purgatives, with or without other medicines, treatment which has produced as its result so much of the chronic disease one meets with in patients who are old enough to have passed through it.

Lastly, in those days, how frequently one came across lamentable specimens of mercurialization in its different forms, which now one happily only knows from description in books. No wonder the noble soul of Hahnemann led him rather to give up practice altogether till he made his grand discovery, than degrade his moral perceptions by continuing to treat his patients in a way that he saw was utterly wrong and mischievous.

But allopathy, as at present practised by the best practitioners, is quite different from this. It is very much reformed and improved. The fashionable doctor of "the period" would have been some years ago reckoned a most unsafe man—one who would lose his patients for want of sufficiently "active" or "heroic" treatment. Nothing shows the absurdity of the adherents of the old school talking of orthodoxy, or charging us with heterodoxy, than this revolution in their practice. What was once orthodox with them is now heterodox, both in theory and practice, and the fashionable "doxy" changes so often that every honest man in the old school admits that there is no system in allopathy, that however much may be discovered in pathology and physiology, nothing in the way of a permanent or trustworthy science or system exists in the ordinary method of drug-treatment; while with a sigh of despair, it is too often added, that there never can be such a certain system as might be wished for.

It is both interesting and instructive to inquire in what points the allopathic practice has altered and improved, and what have been the influences at work in causing this change.

What will most probably first strike any one who thinks on the subject, is the smaller quantity of medicine administered for diseases in general, and that such medicines are administered in smaller doses. Instead of the course of powders, pills and draughts, which the patient was put through in former days, for the most trivial diseases, he now-a-days escapes wonderfully easily. In minor complaints he gets, of course, a purgative, but of a comparatively mild sort, with the view of temporarily removing that dreadful bugbear, constipation; and if anything more is prescribed, it is a mere *placebo*, doing little good or harm. Strict injunctions as to diet are given, and in acute cases of a mild type, the patient is nursed and left to himself, to recover by the *vis medicatrix nature*, while he is amused by supposing he is taking some medicine of power. For diseases of a serious nature, too, one finds medicines formerly relied on, now almost abandoned; and it is, perhaps, in these cases that the change is most observable. Listen to Trousseau's admirable lecture on apoplexy or cerebral hemorrhage. It almost amuses one to read how he goes over each of the parts of the "heroic treatment," formerly employed as a matter of course, weighs each one in the balance, and finds them all wanting. And not only wanting, but positively injurious. His treatment of such cases consists of raising the patient's head, and applying cold to it. Not even a purgative, still less bleeding and mercury. Again, look at pericarditis occurring idiopathically, or in the course of acute rheumatism. Not long ago the physician who did not get his patient rapidly under mercury was looked upon as culpably negligent. Now, the fashionable physician either openly laughs at the uselessness of punishing the patient in this manner, or gives small quantities of mercury that he may be able to satisfy the friends that he is doing something. When questioned upon the efficacy or reason of this treatment, he shrugs his shoulders and says he must do something. It was case of this disease of which the story goes, that a general practitioner called in a consulting physician of the advanced school, who, after examining the patient, pronounced it a case of pericarditis. The family attendant looked horrified at the notion that such a serious disease existed and had escaped his observation. Amid profuse apologies for his carelessness and ignorance, the consultant replied, "Thank God you did not discover it, *or you might have treated it.*" Encephalitis in a similar manner, involved as a matter of course,

rapid salivation in its treatment,—now, very few of the advanced physicians of the present day think of such a course, but content themselves with leeches, cold to the head, and purgatives. The use of mercury to salivation, still holds its sway in the minds of many, in pleurisy with effusion, but in the practice of the younger, and amid the more common sense of the advanced school, it is given up, and in its place we find a case of acute pleurisy treated with poultices, medicines which are supposed to assist in reducing fever, as saline mixtures, &c., and subsequently iodide of potassium, with diuretics and blistering. In pneumonia, again, the change is remarkable. Formerly, bleeding, of course, general and local, with, in the hands of some, the never-failing salivation by mercury, and in those of others large and nauseating doses of tartar emetic, formed the prevailing treatment of a disease which was supposed to be in especial need of “active” lowering treatment. Now, pneumonia, is the disease, of all others, where the expectant system shows most success, and where the power of nature in recovering from acute disease, unassisted by drugs, if only put in the right way, by careful nursing and proper food, are shown most completely.

Peritonitis, up to a comparatively recent period, was, as a matter of course, treated with calomel and opium (the mercury being supposed to be the important ingredient), and the patient kept under it till the gums were affected. Gradually, however, the growing sceptical spirit crept in, and the blindest of the sceptics presumed to doubt the value of the mercury, and to state that the soothing effect of the opium held the principal rôle in the prescription; the result being, that opium alone is now prescribed, and the patient recovers more satisfactorily than when, as formerly, he was salivated. Sin the allied form of puerperal peritonitis and metritis, after bleeding, came the everlasting mercury, which has now given place to the milder opium.

As a last illustration of the change of treatment in acute disease, where that cursed system of salivation used to prevail, and reign unquestioned, we may mention *iritis*. To dub the necessity of rapid salivation in this disease was, a short time ago, never thought of; now, it has been shown that though small doses of mercury, *short of salivation*, are very inefficacious, some cases of *iritis* will recover without anything but the local application of atropine, to keep the pupil well dilated. And so with respect to syphilis, of which *iritis* is one of the not in-

frequent manifestations; formerly patients were poisoned with mercury, for hard and soft chancre, indiscriminately; now the latter is known by everyone to require no mercury at all, while the former is recognized as the first indication of constitutional affection, and found to be cured infinitely better, and with no danger of superadding to the disease the effects of mercurial poisoning, by giving the mercury in much smaller doses, or such as are *short of salivation*. In cases of disease of the digestive organs, again, as dyspepsia, the plan of treatment by which a foul tongue, with want of appetite, was endeavored to be cured by emetics, followed by a purging with blue pill and black draught, has very much given way to the "tonic" plan of treatment, with careful dieting, and the use of "mild laxatives;" while in phthisis, every well-educated old-school physician recognizes the fact that to relieve the cough by the antiquated "expectorant" mixture, consisting of squill, ipecacuan and camphorated tincture of opium, is doing more harm than good, by destroying the patient's stomach, and so preventing him taking the nourishment he so much requires.

Another very observable difference between old and new school "allopathy," is the introduction, either alone or in combination with other drugs, of homœopathically-acting medicines; but we shall reserve consideration of this point, till we enquire into the causes which have been at work in producing this change of practice.

And first, we may at once dispose of the now exploded theory of change of type in disease. This was a most convenient theory to ease the mind of a man who had, in spite of himself, to alter his former ideas and practice; but we need not waste time in knocking down a man of straw. Since Sir Thos. Watson, who was the chief exponent of this theory, had the courage openly to express his conviction that it is untenable, we hear very little about it, and physicians of the old school have now to look for some other more or less satisfactory explanation of existing facts. It is undoubted, in our opinion, that the great cause of this improvement in allopathic practice, is due to homœopathy. Even our oponents so far admit this. The fact that under homœopathic treatment cases of all kinds, acute and chronic, recovered in much shorter time than the same cases did under allopathy, was a great fact, which could not be gainsaid, and which astonished the minds of men who had till then believed that serious cases

would die, unless put under so-called "active" treatment. Our opponents put it down as a maxim that required no proof, that homœopathic treatment was no treatment at all—simply the administration of cold water, with careful dieting and nursing. The dose was too small, according to their preconceived notions, to have any effect, therefore it had none. Of course, from these premises there was only one conclusion, viz., that many diseases, hitherto supposed to have a direct tendency to death, unless treated "actively," had, instead of this, a tendency to recovery, and that they would actually recover without the said "active" treatment. Hence came the new study of the "natural history of disease." The natural undisturbed course of disease was simply observed and noted by the school known as the "expectant school." These men took a lesson from the homœopaths, by carefully dieting and nursing their patients, both of which points, till then, were misunderstood and reckoned subservient to drug-treatment; but, except in this particular, they left their patients entirely to nature. The result was, that their mortality was much lower than that under the old system. Such a result inevitably suggested the corollary that the old-fashioned "active" treatment of acute disease, so far from being beneficial, was really pernicious, and caused the death of many unfortunate patients, who would have recovered if they "had not been treated." In the hands of the most enlightened old-school men, therefore, the old treatment was thrown overboard. Such a radical revolution could not be effected at once; but the force of facts gradually told, and among the younger men, at least, the element of scepticism, as to the value of drugs, crept in. It is thus clear that, at all events indirectly, the great reformer of allopathy has been homœopathy.

But not only has homœopathy had an indirect influence in reforming allopathic practice, but it has had, and still has every day, more and more direct influence on the dominant system. We find that, unacknowledged though it is as to its source, homœopathic ideas and practice are leavening the lump. Those pieces of homœopathic treatment which are so well known as to be almost household words in homœopathic families, are gradually forcing themselves on the brains of allopathic doctors. The constant dropping of water hollows the hard stone; so the constant talk of the value of *aconite*, for example, in febrile affections has resulted in the chief anti-

homœopathic organ, the *Lancet*, saying that aconite stands pre-eminent in febrile states, and that compared with it, "saline mixture," liquor ammoniæ acetatis, and all the vaunted "diaphoretics" are nowhere. In a similar manner we have *nux vomica*, now a frequent ingredient in laxative pills, by the use of which allopaths find they can give much smaller doses of their rhubarb or aloes. We have *nux vomica* or strychnine in small quantity prescribed in dyspepsia with constipation, instead of the nauseous mixtures that it was absurd to suppose a delicate stomach could receive. We have sickness treated by ipecacuan; gastritis, etc., by arsenic; chronic diarrhœa by arsenic; cholera by the same; skin diseases by the same. We see mercury prescribed for syphilis in a homœopathic dose—that is, in a dose less than will produce physiological symptoms. We have, not to enlarge too much, Dr. Sidney Ringer bringing out a work on Therapeutics, as full of homœopathy as possible; where not a single reference to authorities, quoted from in the matter of drug-treatment, is given, for the simple reason that many of his references *must be* to homœopathic writings. We have even *lead* prescribed for constipation, when it is impossible to conceive that the physician prescribing it, could be unaware that he was prescribing a homœopathically-acting medicine.

All this shows the important part, direct and indirect, which homœopathy has played in reforming old-school medicine; although it suits our opponents, at present, not only to ignore its influence, but to endeavor to delude students, and the public, by telling them that homœopathy is dead.

The last point we shall draw attention to, in reviewing the state of allopathic practice, past and present, is the unmistakeable fact that, except when homœopathically-acting drugs are made use of, the improvement of the present day is simply negative, not really progressive. It is progressive in one sense, namely, in the necessity now recognized for careful nursing, attention to diet, and the giving of nourishment, and even stimulants, in acute cases—in short, for helping the natural powers to overcome the state of lowered vitality known as disease. This is all very necessary, and equally attended to by homœopaths; but in the matter of drug-treatment there is no advance in the principles of treatment. The disuse of bleeding is simple negative; so also is the abandonment of the salivating treatment of cranial affections, pneumonia, syphilis, and peritonitis; but in febrile affections and acute disease,

when *aconite* is not given, counter-irritation by purging the bowels—and a very rough form of counter-irritation it is—is still resorted to. The treatment of pneumonia is negative; that of peritonitis by opium is also negative—that is, the nervous system is deprived of its sensibility to pain, and the patient is allowed to recover, if he can. Chronic constipation is still treated by drugs which temporarily relieve the bowels, but leave the disordered condition worse than before, except when homœopathic medicines such as *nux vomica* are given. Blisters are still in vogue, though even in this there is a reform. The best men are beginning to see that in many affections of the brain and spinal cord, they really do harm instead of good. To be sure, several powerful medicines have been lately introduced, as bromide of potassium, and chloral, but they are used in a perfectly empirical manner. The former of the two became quite “the fashion” some time ago, and was prescribed for almost every thing; now, except for a few diseases, one hears little of it. Chloral is now taking its place, and is being used to an enormous extent for the most varied complaints. The “tonic” plan of treatment, so much in vogue now, simply aims at improving the appetite, and bracing the nervous system in a vague way, and so enabling nature to recover. The total absence of a definite principle, and therefore of real progress, is lamentably apparent; the best men admit this, and sigh for the discovery of some guiding principle. They long for a more correct knowledge of the action of drugs than they already have, and fail to see that in this, as in every step of progress, homœopathy has pioneered the right way. Until they recognize this fact, and humble themselves to see that the path they have long shunned and jeered at is the real path of progress, old-school therapeutics will remain essentially where they were, devoid of principle, except the negative one of doing as little harm as possible, under the circumstances.—*Monthly Hom. Review.* Aug.

DENUDATION OF THE CRANIUM.

BY G. T. CHARLTON, M. D.

(*Read before the Hom. Med. Soc. of Pennsylvania.*)

AN English woman aged 62, on the first day of January, 1872, while passing an inside cellar door, carrying in her arms

a large earthen vessel, slipped and fell a distance of ten feet, striking her head upon a fragment of the broken ware and dislocating her right arm at the shoulder. The result of the stroke upon the head was a lacerated wound extending from the external angle of the right eye upward and inward to the median line and along the same to the back of the neck. When called in a short time after, I found her greatly exhausted by the shock and hemorrhage, the whole of the right scalp lying on the shoulder. I directed cold water to be applied, while I reduced the dislocation. The scalp was then carefully washed, replaced and united by three sutures. The head was then dressed by applying a carefully graduated bandage, extending from the ears to the top of the head. For a few days the patient progressed favorably. On the fourth day, diffusive erysipelas set in, involving the eye, which was successfully controlled by *Acon.*³⁰, *Bellad.*³⁰ and *Silic.*²⁰⁰ with the application of dilute Arnica, and careful pressure every day of the accumulated pus upward to the longitudinal opening. The erysipelas gradually diminished, and in two weeks she was able to sit up. The final recovery was slow but good, not the least deformity resulting. The points to be observed here are the age of the patient, the necessity of removing every particle of hair before closing the wound, and the keeping the scalp in careful apposition with the cranium.

PROPHYLACTICS.

BY L. D. MORSE, M.D.

PROPHYLACTIC medicine is a subject which ought to engage far more the attention of the profession than it now commands. Its field is boundless. In ordinary practice only the sick are patients; under prophylactic medicine everyone becomes a patient. It is due to homœopathy to say, that much of the progress which already has been made in this direction must be ascribed to the zeal of its votaries. As yet, however, the threshold has hardly been crossed. Vaccination may save

from small-pox, belladonna from scarlet fever, cuprum from cholera, and quinine from intermittent fever. Beyond this how little has been ventured, and yet what a mighty field there is for trial and investigation.

Experience seems to show us that in every disease one particular remedy is homœopathic oftener than another; that is to say, there is one remedy whose pathogenesis corresponds to the totality of symptoms of a disease more thoroughly and completely than any other. It would seem that such drugs ought to be prophylactics.

Homœopathic remedies have been supposed to act by setting up in the organism a disease so closely resembling the original, that nature—so to speak—can't tell the difference, and, nourishing both as legitimate children, the new comer—for the moment the stronger—shoulders out the other, and then, tiring of the premises takes French leave. Now, why not incite the drug symptoms before the disease itself has fastened upon the organism, thus forestalling the intruder? Would it not be easier to prevent a person from having an epidemic disorder, than to cure him after he had become a victim? You can see how treatment varies in different cases of the same zymotic disease, and yet the same occult causes conspired to produce them one and all. May not the physician anticipate the intruder and give to the healthy the similitum of the general type, and accomplish a complete exemption by a bias of the system in the proper direction, and without any definite and cognizable derangement of the functions? Indeed, when we remember that no two specific diseases can flourish in the body at the same time, it looks as though almost any clear and distinct drug impression ought to ward off zymotic diseases.

That there is a wide spread popular belief in the efficacy of preventives is certain. A spell of the cholera or small-pox is sure to develope them in every form, from a bottle of crude whisky to an odorous charm of asafœtida and carbolic acid.

The negro has faith in fetish, the gipsy in his lodestone, the Mahomedan in his verse or two from the Koran, the pious

Roman Catholic in his prayer to some saint or other, and the red man in his medicine bag.

It remains for science to realize these affectingly manifested hopes in sober reality.

It is a noble work to ameliorate and relieve suffering, but how much more glorious to prevent it. To heal the pain-racked body is a kindly office, but to preserve that body from the inroads of the disease itself, how much better? May we not believe that there cometh a time, in the not very far away future, when science shall have robbed the pestilence of its terrors, and when the frightful epidemics and contagious diseases shall no longer be regarded with the dread they now inspire, it being in the power of the exposed to render their morbid influences harmless and inert.

CARBOLIC ACID IN BURNS.

BY F. G. OEHME, M.D.

CARBOLIC acid excels all other remedies in burns and scalds. It not only quickly removes the pain by paralyzing the ends of the sensitive nerves, but also prevents festering; consequently the wounds heal very rapidly and without scars. The acid, diluted with sweet oil or Cosmoline (one part of the crystals to about twenty-five parts of oil) should be applied with a soft brush from every two to four hours, or as often as the pain reappears, till the new epidermis is formed. The wound should be kept as clean as possible, and may be washed with water once or twice a day, if needful. It is unnecessary to bandage the burn, but if advisable in some cases, care should be taken that no pus accumulates underneath the cover. If called immediately after the accident, I would advise an application of cold or ice-water, till the first shock and pain is alleviated, then remove all blisters and dead skin, and apply the oil. The following case, selected from several, shows the good effects of this treatment.

A lady was taken with an epileptic fit, which was followed

by a very deep sleep, approaching a lethargic condition. While in this state, an Irish servant girl put a metallic bottle filled with boiling water to the patient's feet. It remained in this position, covered up by the bedclothes, at least an hour and a half, when she recovered her senses and complained of a severe burning on her right foot. An examination revealed the cause. Twenty-four hours later I found a blister, two and a quarter inches in length and one and a quarter in width, on the outer edge of the right foot, half way between the heel and toes. It was raised up very high and the surrounding skin was greatly inflamed. The pain was very severe. I cut the blister open at once and removed the epidermis, but neglected to cut sufficiently close to the healthy part, so that there was left a rim of dead epidermis of about an eighth of an inch in width. I removed also a whitish coagulum, which laid on the rete Malpighii; it was as large as the blister and about one sixth of an inch thick. I then applied the carbolized oil, and ordered a new application every three or four hours. The burning pain on the outside soon subsided, but there remained a severe pain deep in. I advised her to keep the foot uncovered, outside of the bed, but on account of the deep-seated inflammation and pain, she put a thin, wet cloth over it, which gave some relief. Just five days after the removal of the epidermis a fine film had formed over the injured part, except on a very small place in the centre, where there seemed to be a small opening through the cutis. On the following morning the new epidermis was completely formed. The small edge of the dead epidermis which I had neglected to cut close to the sound skin, had agglutinated soon after to the rete Malpighii, and formed in this way a blister in the shape of a ring (an eighth of an inch in width) around the sore; this had filled with lymph, which afterwards changed into pus. Now, on the sixth day there was the result of the treatment and the uninterrupted course of nature, accidentally, side by side, viz.: the inner part of the burn entirely healed by the aid of the carbolized oil, and a thin, ring shaped blister around it, filled with pus. This proved cen-

clusively not only the good effect of the carbolic acid, but also that the dead skin must be removed, as the carbolized oil can not work beneficially through it. On the following day (seventh day of treatment) little blisters, some as large and others smaller than a pea, filled with pus, had appeared on the hitherto healthy skin, outside of the ring just spoken of. They formed a second ring of about half an inch in width around the affected part, which had assumed the color and appearance as if pus were underneath the cutis. On the next day another eruption of little pus-blisters sprang up on the outside of yesterday's ring. On the same day the centre of the original burn, where a very small scab had remained, opened and some pus came from under the cutis. Now the continued deep-seated pain soon subsided, the new eruptions healed quickly, and after a few days not the least vestige of this severe burn was left except newness of the epidermis.

In this case the heat was not merely momentary, as in most burns, but continued for more than an hour; consequently, not only had the epidermis been raised to a blister, but the parts underneath the cutis were severely affected, and a condition caused resembling a Pernio. Festering was here unavoidable, and, as a consequence, the eruptions of little blisters on the healthy skin. If carbolic acid had not produced the speedy cure of the injury above the cutis, by preventing the suppuration here, it would have been simultaneous above and below, and a long sickness and the destruction of the cutis the result. As the application of carbolic acid after operations offers all chance for a healing "*per primam intentionem*," so it does in burns. But where there is no suppuration, there will very seldom be bad scars, which is another benefit derived from this remedy.

Four months afterwards I saw the foot again. There was no scar, not even in the centre of the burn, and the epidermis looked perfectly healthy, but the deeper parts had not recovered entirely. The whole injured place looked purplish, somewhat like a Pernio, and pained at every change of the weather.

No soreness. The skin in the middle of the burn felt a trifle thicker than normal.

OVARIOTOMY.

BY MALCOLM MACFARLAN, M.D.

I SUCCESSFULLY performed this operation, July 16th, 1873, on Mrs. H. H. Gardy, aged about 29, of 2141 N. Seventh St., Philadelphia; removing a multilocular ovarian tumor which weighed in all 43 lbs.: solid portion mostly of emptied cysts weighing $8\frac{1}{2}$ lbs., and weight of fluids $34\frac{1}{2}$ lbs. She had been tapped but a few days before, emptying one of the cysts; and up to the time of tapping had been assured over and over again against her doubts that she was with child, notwithstanding that many signs were absent and the enlargement had existed a much greater time than the supposition of pregnancy would warrant. Her general health was bad; she had lost weight, and was so weak as to be confined to her room, and only submitted to the operation as a last resort.

At my second visit, assisted by her friend and neighbor—Dr. Hamilton—and Drs. I. A. Bullard and Geo. H. Peck, the woman was chloroformed, and an exploratory incision of $2\frac{1}{2}$ inches made in the linea alba, between the umbilicus and pubes, dividing the layers separately until the peritoneum was reached and slit up to the extent of the wound. Part of my hand was introduced and made to sweep around the tumor, to discover its character, relations, adhesions and probable amount of solid matter. The incision was then enlarged to 8 inches, the mass transfixed, drawn upon and punctured, while Dr. Hamilton compressed the abdominal walls on either side. The cysts, while being emptied, were kept without the abdomen, and overflow within the cavity thus prevented. Fluids of various colors—from that of coffee to mucilage—and of varying consistency were noticed in the course of the operation.

As the bulk of the tumor was emptied, numerous and strong adhesions of the outer covering to the abdominal walls, omen-

tum and viscera were disclosed and peeled or torn away. This, of course, caused free bleeding. The smaller vessels were twisted, the larger tied, ligatures cut close, and a portion of tuberculated omentum removed. The pedicle on the left side—of ordinary length—was secured where it joined the tumor, by saddler's silk with the cobbler's stitch, and the attachment cut loose above the ligature. The abdomen was cleansed by sponges wrung out of tepid water, and the lips of the opening were brought together by wire sutures; the pedicle spread out on the line of the incision, was transfixed by two long probes placed crosswise, to relieve the great tension at the margins of the incision, and as a means of support. The clamp was applied above the ligature, care being taken that pressure was equally distributed on the pedicle to prevent the thinner portion slipping through the instrument; charpie to the wound and pressure made by many turns around the abdomen of an ordinary roller completed the operation. The patient was placed on her back, with lower extremities fixed and supported, and head depressed. She passed a comfortable day; next morning the usual bilious vomiting in such cases set in with great violence, but continued so long and caused such prostration that death for a week seemed inevitable. I gave her *Arsenic*²⁰ frequently, in water, and applied warm cloths to the greatly distended abdomen. Diarrhœa followed about the end of the second week, when the tympanitis and peritonitis subsided. The clamp was removed on the eighth day, and sutures later. She is now quite strong and able to go about, directing her household. The lady, Mrs. Muhly, of whom I made mention in this Journal as having had a similar operation performed on the right side, Dec. 5th, 1872, is now in her seventh month of pregnancy.

MEDICAL AND SURGICAL ANNOTATIONS.

THE CHOLERA IN NASHVILLE. We extract the following regarding the cholera in Nashville from a communication to the *Republican Banner*, of Nashville, Tennessee, by our esteemed colleague, Dr. J. P. Dake:—

"The disease differed from Asiatic cholera, as seen in years past, only in having, in most cases bilious evacuations in place of the peculiar 'rice water.' Generally there were first greenish, watery dejections, then vomiting of ingesta and bilious matter, followed soon if not relieved, by collapse, with the usual cold surface and extremities, and blue, shriveled skin.

"If the evacuations continued long unchecked, they sometimes became purely rice-water, but in many cases they were bilious to the last. In not a few cases the dejections were entirely rice-water.

"Cramps in the abdominal muscles, and in those of the extremities and other parts, were present in nearly all severe or fatal cases.

On account of the bilious evacuations, many physicians hesitated to pronounce the disease cholera, and hence it was often termed 'the Prevailing,' 'the Epidemic,' etc., in our newspapers.

"Different theories were put forth regarding its origin and nature. Some regarded it as of malarial origin and type, and many as produced by the peculiar properties of the vegetables in use, the spring having been unusually late and the vegetables less matured than usual, at the season they were brought into market. And the accumulated filth in the streets, alleys and yards of the city, was blamed for the terrible scourge.

"I have observed and studied the disease in its different phases and stages, and candidly confess, that its *specific or essential cause is yet unknown.*

"No theory, brought forward, covers all the facts in the case—none is entirely satisfactory and reliable.

"The disease is not a 'congestive chill;' it has attacked many not using the 'immature vegetables,' and it has invaded the cleanest parts of the city, some of the best kept homes, where there could be no 'accumulated filth.'

"I have not hesitated to pronounce it cholera, and of a character as epidemic as it has generally been, on former occasions, in this country. The evacuations, especially in persons of a bilious temperament, were at first bilious necessarily, because it was at a season when bilious diarrhœa would be prevalent, if ever, and when people could scarcely have any unusual evacuations without exhibitions of bile."

* * * * *

Regarding *Cuprum* as a prophylactic he writes:

"I have given it to thousands of persons during the prevalence of cholera in 1849, 1850, 1854 and 1873, as a preventive, and have never known one of them to take the disease while under its influence. It has been successfully employed in Europe, North, Central and South America as a preventive. Statistics in its favor are abundant.

"Dr. Burq, a distinguished French physician (allopathist), discov-

ering that the operatives in copper works were almost universally exempt from cholera, when prevalent all around them, corresponded with the heads and managers of such establishments in various parts of the world, and, in a learned paper on the subject, advocated the use of copper (cuprum) as both a preventive and a curative agent in cholera."

The remedies mentioned by Dr. Dake, and used by him in his practice were: *Croton tig.*, *Arsenicum alb.*, *Veratrum alb.*, *Cuprum met.*, and *Camphor*. Of this last named remedy he remarks: "In regard to *Camphor*, I must say that it has saved more in jeopardy with cholera, than any other remedy in the world." Respecting the results of treatment the Doctor makes the following remarks:

"The number of deaths from cholera here is not exactly known. It has been variously estimated at from 700 to 1000. From the best information I can gather I believe it to have been not over 900. Of this number at least two-thirds were colored.

"As the colored population here is only one-third that of the white, say 12,000, in a total of 40,000, it will be seen, that from some cause or causes the disease was both more prevalent and more fatal among them than the whites."

And respecting the results especially under homœopathic medication, we quote the following very gratifying statement:

"So far as modes of treatment, or remedies are concerned, I have already indicated some of the results.

"Among the masses, the cry at first was for powerful remedies and large doses, but before the close of the visitation it was changed. Thinking people with facts before them, could not be long in coming to the conclusion, that massive doses of poisonous drugs not only failed to stay the disease in its fatal progress, but that they actually carried off with brain disease and fever many whose good powers of endurance had brought them through the cholera. Many learned the truth couched in the words "*die milde Macht ist gross*," and turned for safety and relief to the gentle doses of *Cuprum*, *Veratrum* and *Camphor*.

"I am satisfied that the rate of mortality, under homœopathic treatment was not half what it was under the allopathic.

"In a practice that kept me busy eighteen out of twenty-four hours, with a due proportion of cholera cases, I lost but one patient with cholera."

THE GERMAN INSTITUTE OF HOMŒOPATHY. The following is extracted from a letter from Dr. F. E. Boericke, now traveling in Europe with his family:

The "*Homœopathischer Centralverein Deutschlands, Oestreichs, Ungarns, und der Schweiz*" (The homœopathic central society of Germany, Austria, Hungary and Switzerland), met this year in Vienna, on the

9th and 10th of August. Out of a membership of three hundred, but thirty were in attendance (a large number of physicians are not members of this society). America and France were represented. The *Société homœopathique de Paris* sent a special delegate who delivered to the President of the Centralverein, a letter containing the welcome intelligence that the French homœopaths once more extended the hand of fellowship to their German brethren, that for the sake of working in unity they would forget political feuds, and that they hoped that all would work together in harmony for the extension of the doctrines of Hahnemann and for the rights of homœopathic practitioners, those rights which all states owe to all their citizens. This letter was received with great enthusiasm, a vote of thanks to the French Society was unanimously passed, and the President was directed to send a suitable response.

The Centralverein resolved to organize a society for the support of poor widows of homœopathic physicians (similar in purpose to the homœopathic physicians mutual life insurance league just being instituted here), as cases happen where physicians of unsound health find it impossible to insure their lives in ordinary life insurance companies, and after death their families may be left completely destitute. The subscriptions were at first small, but were considerably increased when the well known Dr. Willmar Schwabe, publisher and pharmacist of Leipzig offered for the use of the society the profits accruing from his *memorial* to Prince Bismarck. Bismarck has accepted this memorial "*The standing of Homœopathy in Germany,*" and has promised to give his aid to secure the removal of all disabilities attaching to homœopathists. A number of scientific papers were presented. Among these special mention may be made of a paper by Prof. Bakody, of Pesth, "*The Pathologico-histological relations of the pulmonary tissue in inflammatory states.*" His statements are in opposition to former teachings. He backed up his views by the exhibition of numerous microscopic preparations, excellently prepared by a new method. He uses injections of cochineal into the tissues, and cuts the specimens in thicker slices than are generally used. The preparations are put into glycerine—never in alcohol—the glass is coated with a layer of damarlack on the edge of that side which is directed to the object. The damarlack thus forms a thin layer and the little plate does not lie flat upon, but is rather like a capsule containing the object, and is then varnished with damarlack in the usual manner.

The association appointed a committee to encourage the further proving of medicines, of which the celebrated Dr. Hausmann was made chairman.

SYPHILITIC DISEASES OF CHILDREN. Dr. S. P. Hedges, of Chicago, physician in charge of the Chicago Half Orphan Asylum, writes as follows: "According to my experience among children, *Merc. corr.*, will cure two-thirds of the cases of condylomata. I have never had to use other remedies to cure any case. Next to it comes *Thuja oc.* Both of these remedies need to be used low; at least at the beginning of the treatment. I have tried the 30th dilution and had it fail, when the 2d and 3d decimal dilutions were promptly efficacious. Hence, I would advise that before a remedy be given up as a failure in any given case, in any given attenuation, the dilution be changed from high to low, and *vice versa*. The high dilutions of *Nitric acid* in syphilitic ulceration of the constitutional variety are fully equal in their results to *Merc. corr.* in any form. For the primary ulcerations, when they occur, the *Nitr. ac.* is of little use. For inherited syphilitic ulcerations among children, and where a mercurial cachexia has been engrafted upon hereditary syphilis, as often happens, there is no remedy to compare with it, although *Hepar sulph.* is often needed at long intervals with it, in order to correct such a mixed diathesis. In general, I find that local medicinal treatment of ulcers is not advisable. Yet for the sloughing, 'eating' ulcer, *Nitric ac.*, used topically and of a low caustic power, is imperative, and acts well with its internal administration." *U. S. Med. and Surg. Journal*, July, 1873.

ALCOHOL. From a paper on *The Morbid Effects of Alcohol*, as shown in persons who trade in *Liquor*, published in the *British Medical Journal*, we extract from the summary the following: "So far we have seen only the ill which alcohol produces. It may be asked, is there none which it obviates? Apart from its medicinal action, which the evidence before us does not touch, has it no *per contra* of prevention? It is not easy to answer this inquiry. Some active inflammations, such as pneumonia and endocarditis, are diminished in the alcoholic trades; but it must at once be seen that the increase of the alcoholic disorders must necessarily cause an apparent diminution on all which are unaffected by this agent. A man may be saved from pneumonia or acute rheumatism, not because alcohol is antagonistic, but because it kills him prematurely in another way. He can die but once. Therefore, though under alcohol some forms of disease are comparatively infrequent, we must use much caution in concluding that it has a direct preventive influence. * * * Alcohol certainly gives an asthenic type of disease. Although we cannot as yet say that it defibrinates, yet it retards adhesive and plastic processes. This influence may be beneficent if it hinders the development of acute inflammation and obviate the formation of coagula, where, as in acute rheumatism, the process is harmful. It

is possible that by some such antagonism we may explain the remarkable paucity of endocarditis in the alcoholic series. But, at the best, the protecting is less certain and less effective than the deteriorating influence. In brief and final enumeration, alcohol replaces more actively vital materials by fat and fibrous tissue; it substitutes suppuration for new growth; it promotes caseous and earthy change; it helps time to produce the effects of age; and, in a word, is the genius of degeneration."

A DIAGNOSTIC SIGN OF CHOLERA. "Should an individual in health be suddenly attacked with diarrhœa, even during a cholera epidemic, and should on examination no albumen be found in the urine, cholera will not develop, not even if the individual be in such a position that he cannot protect himself in any way. Such a diarrhœa may even be maltreated and still it will not lead to cholera. New observations have only confirmed me in the opinion before expressed, that however severe apparently choleraic symptoms may be, the disease is not to be considered as true cholera if albumen be absent in the urine; on the other hand, the most anxious attention is to be directed to a case even in the earliest diarrhœa, when the urine is albuminous."—*Philadelphia Medical Times*.

VAGINISMUS CAUSED BY LEAD POISONING. Dr. D. Dyce Brown, in the *Monthly Homœopathic Review*, writes as follows: "In a former number of this *Review*, we quoted a report by Dr. Barnes, of three cases of Vaginismus caused by lead poisoning, as related by a Dr. Neftel, in a German paper. Dr. Barnes now quotes another case from the same author. "A young actress suffered in this way. Neftel found lead in the urine. An attack of saturnine colic was superadded. The face and extremities were cold, the contractions of the heart feeble, beating only 44. The issue of this case is not given, but in those previously referred to, the cure of the Plumbism cured the vaginismus. (When quoting the former cases, we observed that *Plumbum* would prove a successful remedy in the treatment of vaginismus, This fourth case would strengthen our opinion on this important point)."

COSMOLINE IN BURNS.—A case is reported in the *New England Medical Gazette*, by Dr. J. K. Warren, in which a child turned a boiler-full of hot tea over its head, face and neck. "When I reached the patient, some hours after the accident, I found the face badly swollen, so that one eye could be opened but a very little; the entire scalp presented a partially cooked appearance, and the neck was also badly blistered. I gave the child Arsenicum and made an external application of Cosmoline. In an hour or so the child became quiet, and apparently suffered very little if any pain after. I con-

tinued the use of the Cosmoline until the burn was healed, and now, four months after, the head is covered with a new growth of hair and there is only one slight scar noticeable, on the right side of the head."

INGROWING TOE-NAIL.—If a small, thin, flat piece of silver plate be bent at one edge into a small groove, and after the toe has been poulticed twenty-four hours, slipped beneath the edge of the nail, so as to protect the flesh from the pressure, and the rest of the plate bent round the side and front of the toe, being kept in position by a small portion of resin plaster passed round the toe, a speedy and almost painless cure will take place; and the patient, after the first day, has the additional advantage of being able to walk. Dr. Finch in the *British Medical Journal*.

DYSURIA. When there is difficulty of urinating from stricture or other causes and the sound does not readily pass, M. Casenave (of Bordeaux) introduces a smooth piece of ice, about the size of a chestnut and of an oval form, into the rectum. The ice should be shoved past the sphincters and renewed from time to time. Almost always after an hour or two, the urethral spasm abates, a certain quantity of urine is evacuated, and the bladder is emptied without any extraordinary expulsive efforts on the part of the patient. In extreme cases it is also advisable to apply pounded ice externally from the anus to the end of the penis. The same procedure is applicable to retention of urine caused by hypertrophy of the prostate; but in these cases the good effects are more slowly produced.—*N. Y. Medical Journal*, July, 1873.

TREATMENT OF CRACKED NIPPLES. Of this condition there are two varieties. The one is the result of violent efforts at suction; the epidermis is elevated, cup-shaped, and is fissured; to avoid it the mother should not give suck until milk has accumulated in the breast. In the other variety, the milk deposits in the small clefts of the nipple in contact with the perspiration, and, decomposing, irritates and inflames the skin. The remedy consists in bathing the breast with lukewarm water, and afterwards sponging it with the following: tannin, one gramme; glycerine, ten grammes.—*Ibid*.

"ITS A' A MUDDLE."—Thus writes the editor of the *Cincinnati Medical Advance*: "The Philadelphia doctors are in trouble, and divided upon the question whether a retroflexed uterus is not also retroverted. Dr. Martin thinks it is, Drs. Morgan and McClatchey think it is not. This looks like a play upon words. Terms do not alter facts, and the fact of position being understood, why stand upon the technicality of a name? Only a Philadelphia lawyer—we mean

doctor—can tell.” Drs. Martin, Morgan and McClatchey are surprised to find that they have been guilty of such folly—unbeknownst to themselves. It is true that “terms do not alter facts,” but editors may, by hasty reading, alter them. Retroflexion involves retroversion, but retroversion may not comprise retro-flexion. A mare is a horse, but a horse is not necessarily a mare. It was a *fact* that the above named Philadelphia doctors disputed about, and not merely a *term*.

SYMPTOM MANIA.—The *Advance* does much better in the following capital and well-timed *Wilsonism*: “Obscure doctors longing for notoriety, take notice! A short and easy road to renown is open through the department of *Materia Medica*. The homœopathic profession has an inborn weakness for ‘symptoms.’ It is fearfully glib on this point. If one has not time to elaborate a complete symptomatology out of his brain then he can jot down ‘characteristics.’ At the rate of one every four weeks, a doctor can become notorious in a twelve-month. Everything he writes will be accepted; his name attached to the dogmatically stated symptoms, will go flying through the journals and be carefully preserved in all forthcoming books that have need of such aid. There is no fear the cheat will be discovered. It is a well-settled maxim that the rejection of any symptom is treason to homœopathy. The moment you state a characteristic you have the advantage. The burden of proof is on those who deny its truthfulness. The day may come when the true will be distinguished from the false; but not in this generation. Now is your chance to win renown by piling up symptoms. Until Dake gets his Prover’s College established, the tide will continue to set in this way. After that, look out for a fearful slaughter among symptoms and symptom-mongers.”

TREATMENT OF CANCRUM ORIS.—Of all the local remedies or applications I have resorted to in such cases, I have never found any application so useful or so effectual as hydrochloric acid. Neither nitric acid, nitrate of silver, nor chlorate of potash, nor any other remedy that I have ever tried, except hydrochloric acid, did I ever find of the least use to check cancrum oris. I have almost never found hydrochloric acid to fail to check the progress of this dreadful disease at once, and bring on a most rapid and healthy action in the part. Nor does it cause so much pain or suffering to the little patient as one would suppose, seeing that the gangrenous spot is almost entirely without feeling at this time. This acid is easily applied to the ulcer by means of a feather or small camel-hair brush. I have cured many cases of cancrum oris by this means.—*British Medical Journal*.

PHOSPHORUS IN NEURALGIA.—Phosphorus is a remedy little if at all employed by the regular practitioner in cases of neuralgia, though I believe frequently exhibited by the homœopathist. A case, however, came under my notice some time since, which so strikingly illustrates its value, as to induce me to record it.

A gentleman, who had for years suffered acute and frequently recurring paroxysms of neuralgia of the chest-walls, applied to me for advice. I found that he had been a regular round of London and provincial doctors, and that every plan and remedy appeared to have been tried. I failing as signally as my predecessors, he sought aid of a homœopathist, and was relieved in a very short time. I lost no time in ascertaining the remedy which had worked so speedy and, as it proved in the sequel, so permanent a cure; and found that it consisted of the so-called mother tincture of phosphorus, of which he was ordered to take five drops on the advent of an attack, and repeat them as occasion required.

This tincture of phosphorus is a solution of phosphorus in ether, which dissolves about one per cent, so that each dose contained about one twentieth of a grain of phosphorus,—scarcely homœopathic according to the old-fashioned notions.

Not only was the pain relieved, but the frequency of the attack was lessened; until, from suffering a seizure two or three times a week, as he had for some years, he has now been entirely free for more than four months.

Since the occurrence of this case, I have frequently employed this preparation of phosphorus, and have often found it of signal service in curing neuralgia; especially, it has appeared to me, in those subjects who add to a highly nervous temperament some cause of nervous waste; so that I have considered it probable that the neuralgia has, indeed, in these cases been, as Romberg styled it, “the cry of the hungry nerve for blood,” or, rather, for its own special pabulum in the blood, and that the phosphorus has directly supplied this want. I have also employed pills of phosphorus melted in suet, and coated with gelatine, a preparation recommended by Squire when phosphorus is indicated; but I have not found them to possess any advantage over the phosphoric ether; while they possess the disadvantage of being difficult of preparation, and the universal pillular drawback of doubtfulness of destination, whether of absorption into the blood or of excretion by the bowels.—*London Lancet*.

PHARMACEUTICAL CURIOSITIES.—Our Berlin correspondent sends us a few specimens of extraordinary pharmacy, culled from the first edition of the Prussian Pharmacopœia, “*Dispensatorium Borusso Brandenburgicum*,” 1731. This is in Latin. The first he selects is “*Spiritus Cerebri Humani*,” p. 206—(Spirit of Human Brain).

"The brain of a young man, well built and perfectly healthy, but who has been put to death by some violent means, must be crushed with all vasculars and the spinal marrow in a stone mortar, afterwards mixed in a glass retort or in a large phial, with 'Kaiser Karls Hauptwasser' (somewhat similar to our Eau de Cologne) and spirit of wine; this mixture is to be distilled after having stood by for one or better for several years. The dose of this elegant remedy was fixed at a tablespoonful."

Another idea from those good old times was to produce a "Water of all flowers" (*Aqua Florum Omnium*). The process adopted is remarkable for its simplicity and logical accuracy.

"Send a cow into a meadow full of flowers; when she has eaten all the flowers, gather the dung, distil it, and you have water of all flowers."—*The Chemist and Druggist*. August.

OZONE IN CHOLERA.—The Vienna doctors and the authorities generally persist in asserting that the cholera which has so unfortunately visited their city is not of an epidemic character. In the middle week of July, however, there were a hundred deaths from this disease, which was a sufficiently alarming number with or without the adjective epidemic. It must be remarked, however, that the heat was intense; while the perpetual consumption of fruits, ices, coffee, with beer and cigars unlimited, makes it a real wonder that the cases are not numbered by thousands. The inhalation of ozone has been found about the most successful treatment. It is produced by adding very slowly sulphuric acid (three parts) to permanganate of potassa (two parts).—*Ibid*.

EDITORIAL NOTES.

"MORE ALLOPATHIC BIGOTRY." So much of this commodity is persistently displayed, that the heading of this editorial note might be kept "standing" for monthly use, were it not that the matter becomes flat, stale and unprofitable. But the recent action of the "regulars," in Harrisburg, is so peculiarly rich in funny interest that we unhesitatingly served it up as a *bonne bouche*.

It seems that the good citizens of Harrisburg, including many of the wealthy patrons of homœopathic physicians there, contributed largely of their means for the establishment of the "Harrisburg Hospital for the care of the sick and injured." The Board of Managers met and appointed a medical and surgical staff, all the appointees being allopaths, of course. A naughty homœopathic practitioner, with *malice prepense*, called attention to this latter fact, in a communication to a Harrisburg paper, and wanted to know why

one or more homœopaths had not been appointed on the staff, to carry out the views of medical treatment held by many of the contributors. The Board of Managers, moved thereby, voted that a case of homœopathic medicines (not to cost over \$100) should be procured, and that any homœopathic physician might attend such patients in the hospital as desired his services. Then the poor managers soon discovered the power of homœopathic medicines. The staff met and tendered their resignations unanimously, saying: "We cannot consent to act in a hospital wherein it is proposed to sanction practice so utterly at variance (not with truth, or science, or common sense, or experience, but) *with that in which we have been educated.*" Then the County Society (allopathic) met and backed up these enlightened brethern in a series of where-as-es and resolutions, as follows:

WHEREAS, The Board of Managers of the Harrisburg Hospital having elected a competent medical staff of regular physicians, by the following resolution, passed subsequently to the said election, viz: "*Whereas, It has been stated that if homœopathic medicines be procured, attendance will be furnished gratuitously by a homœopathic physician; therefore*

"Resolved, That a case of homœopathic medicines be procured at a cost not exceeding One Hundred Dollars, so that if any patients wish to be treated under that system it may be done by a physician of that school," attempted to introduce into the hospital a pretended system of medicine; therefore

"Resolved, That we cordially approve of and endorse the action of Drs. Curwen and Reilly in resigning their positions upon the board of managers of said hospital.

"Resolved, That we also most cordially approve and endorse the manly and high toned professional action of the medical staff in promptly resigning their positions in said hospital.

"Resolved, That we individually and as a society hereby pledge ourselves not to accept any position in said hospital unless each and every member of the late staff of the hospital be re-elected by the managers of said hospital; and all other practice but that of the regular school of medicine be ignored."

Doubtless the members of this Dauphin County Medical Society are educated physicians, and, in general matters, men of good judgment, but where there is a prospect of their being brought into contact with homœopathic treatment, homœopathic physicians, or even, as in this instance, with a one hundred dollar box of homœopathic medicines, their courage and their common sense ooze out at their elbows, and they establish themselves in such a picture of mental imbecility as is displayed above in italic type. When will these men, and others like them, learn that the world is inhabited by others than themselves. If any of these Dauphin County Medical Saints should be called upon to define his medical creed, to tell what constituted the "regular school of medicine" he would, after dis-

playing its two principle ingredients—bigotry and intolerance—he utterly unable to put in words the balance of the make-up of that kaleidoscopic regularly irregular practice.

PUBLICATIONS RECEIVED.

THE MINERAL SPRINGS OF THE UNITED STATES AND CANADA, with Analyses and Notes of the Prominent Spas of Europe, and a List of Sea-side Resorts. By Geo. E. Walton, M. D., etc., New York : D. Appleton & Co., 1873. pp. 390.

This is just such a guide-book as is indispensable to the physician in large practice, who is frequently called upon to prescribe a course of mineral waters for his patients, or to send them to the sea-side resorts as an assistant to medical treatment for the restoration of lost health. The author appears to have examined not only the composition of the various *spas* whose waters he refers to, but to have investigated, as far as practicable, their claims to medicinal virtues; and his remarks on the various sea-side resorts may be accepted as the results of personal investigation. In making up his statements regarding European spas he has consulted the best European authors, whose conclusions have been drawn from hundreds of years of laborious investigation. The portion relating to the Springs of the United States “is the result of a selection of creditable evidence regarding them, gained by correspondence and personal observation.” His labors have been recorded in plain, untechnical language, and, while free from anything like sensationalism, the book is a very interesting and valuable one for laymen as well as physicians. A number of excellent maps and a copious index greatly enhances the value of the work.

The book is divided into nineteen chapters, the titles of which we give as indicating the scope of the work, viz.; 1. Historical; 2. Mineral Waters; 3. Classification; 4. Action of Mineral Waters; 5. Chemical Constituents; 6. Therapeutics; 7. Suggestions; 8. The Skin; 9. Baths; 10. Alkaline Waters; 11. Saline Waters; 12. Sulphur Waters; 13. Chalybeate Waters; 14. Purgative Waters; 15. Calcic Waters; 16. Thermal Waters; 17. Unclassified Waters; 18. European Spas; 19. Sea-side Resorts.

We make a brief extract from the chapter on *Sea-side Resorts*, which we do not doubt will be endorsed by every practitioner:

“The air at the sea-side has a peculiar freshness and life, that, as we breath seems to penetrate every portion of our frame, and impart to us renewed vitality. And we shall not have breathed this air long before we shall experience a keen appetite, and, if vigorous, feel inclined to athletic exercise. Exactly what it is in the consti-

tution of sea-air that produces these effects has not been discovered. We, however, know that the air is purer than that of the land, less contaminated by miasm, by vegetable exhalations and noxious gases, though in the component oxygen it differs little. The air of ocean is always highly charged with watery vapor, bearing with it a perceptible amount of chloride of sodium. * * * Many persons sojourn at the sea-shore more for the purpose of breathing the sea-air than for bathing in the surf. Breathing sea-air affects the organism by the change wrought in the blood, and thus in the entire system. How quickly medical agents act through the lungs is shown by the rapidity with which anæsthesia may be produced by chloroform.

"Sea-air is deemed especially applicable to chronic bronchitis accompanied with considerable expectoration. If the patient, on the contrary, has dry cough and great irritability of the lungs and larynx, it will not prove beneficial. In the chronic cough of old age—senile bronchitis—it is also advantageous, if the patient is not a sufferer from asthma and emphysema. Phthisis in the early stages is favorably influenced by a residence at the sea-side, or repeated ocean voyages. Care, however, is recommended that those cases may seek the sea in which the cough is moist, and there is very little tendency to hæmoptysis."

The book is printed with clear type on fine white paper, and is published in Appleton & Co.'s usual handsome style.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY TRIMBLE PRATT, M.D., SECRETARY.

THE society met, according to adjournment, at St. Cloud Hotel, Philadelphia, the President in the chair. Members present: Drs. J. B. Wood, R. C. Smedley, S. B. Hawley, I. D. Johnson, M. Preston, C. Preston, L. Hoopes, J. W. Thatcher, C. W. Perkins, J. E. Jones, A. Williams, J. L. Scott and T. Pratt, and by invitation, Drs. R. J. McClatchey, W. O. Griggs, Moyer and E. A. Farrington.

Minutes of previous meeting were read and approved.

Under communications and reports of cases, the following were offered: Dr. M. Preston had had several cases of cerebro-spinal meningitis since last meeting; a very prominent symptom in these cases was the pain at the base of the brain, which was relieved by enveloping the head in a towel; the remedies used were *Bellad.*, *Bryon.*, *Rhus tox.* and *Stront. carb.*

Dr. Smedley spoke of a case of after-pains, in which they were excited by putting the child to the breast, the pain extending from left to right; after giving *Chamom.* and *Nux vom.* without effect, he gave *Con.* which improved the case immediately.

A case of neuralgic rheumatism involving the back and arms, and finally settling in the occipital protuberance, seeming then as

though it could be grasped up with the fingers was relieved by *Tongo*.

Dr. M. Preston spoke of a case (in which there was an ovarian tumor,) with headache in right occipital region and in back of neck, made worse by noise; this was relieved by *Hippom. manicin*.

Dr. Hoopes related a case of dysentery which *Arsen.* improved; but the patient having eaten imprudently a relapse occurred, and then although patient was very thirsty the sight of water could not be borne; gave *Hydroph.*, which relieved this, and *Lauroc.* completed the cure.

Several physicians had confirmed the symptom of the heart—a sense of its being *squeezed*—as found under *Cact. grand*.

Dr. Smedley spoke of using *Berb. vulg.* in diseases of the kidneys with excellent effect.

Dr. Hawley had a case of a stone mason in whom the kidneys were curiously involved, being the seat of hemorrhage supposed to have been brought on by lifting; relief was brought by *Uva ursi*.

Dr. M. Preston spoke of a case in which there was pain in back and slight hemorrhage; and, after the administration of *Lith. carb.*, there was passed half an ounce of gravel, with much burning and distress; the stones ranged in size from that of a pin's head to that of a pea.

Dr. McClatchey thought the difference between the indications for *Berb.* and *Cunth.* (in urinary difficulties) is, that the former is indicated when the pain is felt in the fossa navicularis, and the latter when in the neck of the bladder.

In a discussion upon dysentery, Dr. Jones, according to his experience, thought it worse upon the higher lands, having noticed this upon the valley hill, and Dr. Wood having made the same observation thinks the reason is that the lime water in the valley prevents the trouble there.

There being a difference of opinion in regard to what constitutes true dysentery, Dr. Hawley stated that, in his opinion, in dysentery there was an absence of fecal matter in the stools.

Dr. Williams thought it was *caused* by an insufficient amount of fluids thrown out into the alimentary canal.

Drs. Johnson and M. Preston both find most trouble in curing those cases in which there is no pain or tenesmus. In regard to the remedies most useful, *Coloc.*, *Merc.*, *Veratr.*, *Elater.* and *Nux vom.* were mentioned; also, *Phosphor.*, and *Nux mosch.*

After the usual preparation of business for next meeting, adjourned to meet at West Chester with Dr. Jones, on the first Tuesday in October, 1873.

THE

HAHNEMANNIAN MONTHLY.

Vol. IX. Philadelphia, October, 1873. No. 3.

A MEMORIAL OF DAVID JAMES, M.D.

THE record of a good man's life is at once an example and an incentive, a guide and an inspiration; and the recital of the events and the deeds which go to make up such a career, is not only profitable but pleasant, as we reflect that the very qualities of his character which make our parting sad, have a thousand times made his living joyous to himself, delightful to his friends and precious to his race.

DAVID JAMES, M.D., was born March 14th, 1805, in the "Old Mansion House"—the home of four generations of his ancestors—at Radnor, Delaware County, Pennsylvania, a few miles west of Philadelphia. His earliest ancestor of whom we have any record was David James, of Radnorshire, Wales. It appears that he "had suffered persecution in Wales, and is several times mentioned by Besse in his '*Sufferings*.' In December, 1662, he was imprisoned three weeks, for refusing to take the oath of allegiance. In a more extended account of the event, it appears that he suffered with twenty-two others. 'Anno 1663. About the month called January, this year, David James, (here follow the names of the rest) were committed to prison in Radnorshire, until they should take the oath of allegiance, which yet had not been tendered them before their commitment.' In 1674 David James attended a meeting at a house called Cloddian Cochion, within the corporation of

Poole, where a small number of Friends were met together in silence. Thomas Lloyd, of Dalobran (afterwards well known in Pennsylvania as Penn's first deputy-governor), being present, when fifteen armed men came to arrest those attending this meeting. He requested them to remain a while, and preached to them, for which offence he was fined and most of those present. That the David James here mentioned is the ancestor of this family is proved by papers in their possession.* He appears to have been one of those who purchased a right of land in Pennsylvania before leaving Wales; for his name is signed as a witness to two indentures of land from Richard Davies, gentleman, of Welshpoole, who had bought five thousand acres in Penn's new province. He arrived in Pennsylvania in August, 1682, with Margaret his wife, and probably went at once to Radnor and settled on the land he had bought before coming over. He built a good stone house, on one end of which are the initials 'D. & M. J.' and the date; but these have now been plastered over, and his descendants cannot remember the exact years, but know that it was early in 1700." (See a forthcoming work on the *Genealogy of the Potts Family*, by Mrs. Isabella James, of Cambridge, Mass.)

David James was the father of Evan James (who, tradition says, was born on the passage from Wales), the grandfather of Griffith James, the great-grandfather of Isaac James, M.D., and the great-great-grandfather of David James, M.D., the subject of this memoir. Isaac James, M.D., of whom David was the

* Sewel, in his "*History of the Christian people called Quakers*," vol. II., p. 306, undoubtedly alludes to the same event. He says: "Some time before (i. e., before 1676) it happened within the corporation of Poole, in Montgomeryshire, that the justice, David Maurice, coming into a house where a small number of people were peaceably met and all silent, required them to depart. Hereupon Thomas Lloyd, one of the company, began to speak a few words by way of defining true religion and what true worship was; and what he said was so reasonable that the said justice approved of it as sound, and according to the doctrine of the Church of England. Yet, notwithstanding, he fined the said Thomas Lloyd £20 for preaching."

third son, is still living at Bustleton, Philadelphia, in the ninety-seventh year of his age, and has the honor of being "the oldest Methodist in the World," having joined that society in 1790, and been licensed to preach in the year 1800. The mother of Dr. David James was Henrietta, daughter of Col. Thomas Potts, of Coventry. Col. Potts was the eldest son of John Potts, the founder of Pottstown, and the grandson of Thomas Potts, who settled near Philadelphia about 1695, and removed to Colebrookdale on the Schuylkill (Berks County) about 1718, where he, his sons and grandsons engaged in developing the iron resources of that region, and became the most extensive ironmasters of Pennsylvania.

It will thus be seen that the subject of our sketch was descended from that ancient people who, breathing in the air of soul-liberty from among the mountains of Wales, have made for themselves a record of fidelity under the most adverse circumstances, which places them side by side with the Waldenses of Italy and Germany and the Huguenots of France, as a community of moral heroes. And it may be that he inherited some of those qualities which gave force to his character from those very people, who, for the sake of conscience and the truth, braved the arrows of persecution and defied the flames of martyrdom. Surely he must have had need of his "Welsh blood" when, in the full strength of his manhood, he laid his professional reputation and his business prospects upon the altar of a medical truth, amid the jeers, the scoffs and the calumnies of his professional brethren.

The first eleven years of David James' life were spent at Radnor, where he attended the school close by the old homestead, except at times when he went to school at "Garigues," a few miles lower down. His parents had always felt the importance of securing for their children the best possible education, and spared themselves neither trouble nor expense to facilitate that object. As their family increased, they felt more and more their educational disadvantages; and finally, to secure better opportunities, they sold part of their property and removed to

South Trenton (then called Bloomsbury), New Jersey. This was in the spring of 1816.

Here David was immediately placed in the Academy, then under the care of Mr. Sutterly. Throughout his boyhood he was full of life and fun, and consequently gave his teachers and parents more trouble than did his more staid brothers. In those days the locomotive and railroad car were things unheard of, and South Trenton being at the head of tide-water navigation of the Delaware, was, of course, the point of trade communication with the more interior counties of New Jersey and Pennsylvania. David being exceedingly fond of the river front, was thrown into the society of "old salts" whose crafts were lying at the wharves, and like many another boy under similar influences, he conceived a strong desire to go to sea. To this proposition his parents refused their consent. Somewhat later in his life he became imbued with a desire for the gospel ministry. Of this we shall have more to say hereafter. His father had a wish that one of his sons should adopt his own profession, and as the older brothers had already made choice of an occupation, David entered upon a course of medical reading under the tuition of his father. In 1826, March 21st, the family removed to Philadelphia, and on November 2d of that year David entered the Jefferson Medical College, then in the second year of its existence, having already entered the office of Dr. George McClellan, the distinguished professor of surgery. It was during this same year that Dr. McClellan successfully performed, for the first time in the United States, the operation for the removal of the entire parotid gland, in a case which some of the most eminent surgeons of Europe had attempted in vain. This operation—at first scouted by surgeons at home and abroad as an impossibility—at once established Dr. McClellan's reputation as a bold and skillful operator, and helped to advance the popularity of the young college. It also served to arouse the enthusiasm of our young student, who applied himself with energy to his studies, and graduated March 18th, 1828. His teachers, besides McClel-

lan, were Barton, Green, Rhees, Eberle, Barnes and Nathan R. Smith; and among those associated with him in the office of Dr. McClellan were Samuel D. Gross, Washington L. Atlee, and others who have attained distinction in the world of medicine and surgery.

A few days after Dr. David James' graduation, his father, who had been residing at the north-east corner of Eighth and Vine streets, returned to Radnor, leaving his Philadelphia practice to his son. John F. and Thomas P. James—two of David's brothers—at the same time kept a drug store in the same building. About one year later, the young doctor and his mother paid a visit to Dr. John Worthington, in Byberry, in the northern part of Philadelphia County. Mrs. James had, before her marriage, made the acquaintance and secured the friendship of Dr. Worthington while he was practising in Coventry, Chester County, the home of her parents. Being now advanced in years and in feeble health, and influenced, probably, by his old friendship for the mother, he agreed to take the son into partnership. Accordingly, in the spring of 1829, Dr. David James removed to Byberry. His first reception, however, was by no means flattering. He was but twenty-four years of age and entirely unknown; and the unwillingness of the people to accept him in lieu of an old physician of established reputation and great popularity, is said to have called forth from the over-worked old gentleman some remarks more forcible than elegant. Dr. James, however, by his genial yet dignified deportment, and no less by his correct diagnosis and his judgment and skill in the treatment of disease, was not long in securing from his new neighbors not only their confidence but their lasting friendship.

Upon the death of Dr. Worthington, which occurred a few years later, Dr. James succeeded to the entire practice; and by his untiring devotion to his duties, his evident skill, and his affable deportment both in and out of the sick chamber, he soon attained to the position of the first business physician in that section of the country. The people among whom

he practiced were mostly farmers, many of them members of the society of Friends, and of a high order of intelligence. His field included the northern portion of Philadelphia, the southern portion of Bucks and the southeastern portion of Montgomery counties. This district has been the home of some distinguished men, Byberry itself being famous in professional annals as the birth-place of Dr. Benjamin Rush, the patriot, statesman and father of American medicine. To attain great eminence in such a field was in itself evidence of an unusual order of skill and ability; and such was the position which Dr. James had reached while yet in the full vigor and enthusiasm of his young manhood.

In 1833 he was united in marriage to Miss Amanda Worthington, who survives him. She was the daughter of Benjamin Worthington, Esq., of Byberry. Of their children, two were daughters and three sons; of the latter, two entered the medical and one the legal profession.

Just about the time that Dr. James graduated, homœopathy as a system of medical practice had crossed the Atlantic from Europe, and was beginning to attract public and professional attention in this country. Dr. Gram had recently settled in New York City, and Drs. Carl Ihm, of Philadelphia, and Henry Detwiller, of Easton, introduced the system into Pennsylvania, about the year 1828 or '29. So late as 1840, however, comparatively few physicians had adopted the new system, the prejudice against it being so intense, and the hostility towards its advocates so bitter, that not only the requirements of professional courtesy, but even those of common politeness, were utterly ignored by the opponents of homœopathy in their relations to its professed practitioners. Even an investigation into its merits rendered the honest seeker after truth the subject of professional ridicule and of a very unprofessional hatred. While Dr. James' character as a christian gentleman utterly forbids the supposition that he could have engaged in the persecuting crusade against homœopathic physicians, still it is certain that the system itself was at

least for a time the subject of his unsparing ridicule. But this state of things was not always to be. Some time prior to 1840, some of his patients, after having failed to obtain any benefit from his (allopathic) treatment, went to Philadelphia and were cured by means of homœopathy. One case occurred in which a lady was afflicted with an organic disease, threatening to assume a very grave character. The doctor failing to benefit her, sent her to the city to consult a surgeon. A friend, at whose house she was staying, prevailed on her before submitting to surgical treatment, to try the new system of medication, and she was speedily cured with two doses of homœopathic medicines. This case is recorded in the *Hahnemannian Monthly*, vol. II, and is also alluded to on page 149, vol. IV., of the same journal. Some of these patients, it is said, urged him to examine the new system, and probably not without effect, as the following incident would seem to show.

One morning in the autumn of 1840, he was driving through Byberry, in company with his sister. He stopped to visit a patient, and on returning to the carriage he remarked in a desponding tone. "I think that man will die; he has a large family depending upon him. And over there is Mr. A., and down that road is Mr. B., both dangerously ill, and both heads of families. We had the dysentery all through here last summer, but the medicines which cured it then have no effect whatever the present season." After riding for a while in silence he remarked with a suddenness and energy that startled his companion,—“I'm tired of the practice of medicine, I'll give it up, and go to the backwoods and dig up stumps for a living. It is just like going a gunning; you take aim and fire away, and you don't know whether you hit or not till the smoke is blown away.” He then spoke of a conversation between himself and his brother, Mr. John F. James, in which homœopathy was referred to, and the wonderful success which had resulted from the use of that system of practice in Europe, and said “The next time I go to the

city I intend to buy a book and some medicines and try it." His sister saw that he was in earnest and endeavored to dissuade him, pointing out the disgrace that must attach to the practice of a "system of quackery." Her efforts were of no avail, however, for at their next interview, which occurred in a few weeks, he reported the success of his trial, which had exceeded his most sanguine expectations. His earliest experiments with homœopathy were made upon himself and family, and were followed by a thorough examination and research, and more extended experiments, during which he was overwhelmingly convinced of its superiority as a scientific system of medical practice. To such a man as David James there was no alternative but to adopt it in practice. And this was no trifling thing for him to do. He enjoyed the confidence of the whole community, a confidence that might be impaired and perhaps destroyed by a change of practice. Moreover, his universally admitted skill in practice, and especially in obstetric practice, made him the counsel of the neighboring physicians in difficult and dangerous cases; this part of his business would certainly be destroyed by the change, and yet, had the sacrifice and hazard been ten times as great, he would not have hesitated a moment, in a matter where duty and the safety of human life were involved. Accordingly we find that in 1841 and '42 he was beginning to use the new method of prescribing medicines. He did not, however, at once abandon the "old system," but, wisely distrustful, not of homœopathy but of his own knowledge of it, pursued a thorough course of study and research, and applied his knowledge gradually, as he acquired it. In 1846 he became a member of the American Institute of Homœopathy; thus publicly proclaiming himself a follower of Hahnemann. It could not be expected that all his patients should have the same faith in homœopathy that he professed, and yet the sequel showed that so strong was the confidence which they reposed in his sterling good sense and judgment, that his endorsement of the new practice was to them a sufficient reason

for its acceptance; and we have the very best authority for the statement that not a single family withdrew their patronage on account of his change of practice. Grateful indeed must it have been to the heart of the conscientious physician, amid the sneers, the scoffs and the calumnies of his professional "brethren," to receive at the hands of his patients this new attestation of their esteem and confidence. And now the increase of his business went on even more rapidly. Day after day, during his office hours, long lines of carriages waiting at his residence gave evidence of his popularity and the extent of his field of practice, so that in 1847 he admitted his former pupil, John R. Reading, M. D., into a business partnership, which continued until 1855, the date of his removal to Green street.

During Dr. James' residence in Byberry, an incident occurred that caused him much amusement, and which it may not be out of place to relate. The doctor was placing upon his farm a hydraulic ram, for the purpose of conveying to his house the water from a spring several hundred yards distant. An old colored woman, a domestic in the family, was very skeptical as to the results of such an investment. Nobody could convince *her* that water could pump itself up hill; and to all argument her invariable response was, "I don't believe it, I don't believe it." At last the machine was completed, the water was turned on at the spring, and after a reasonable time had elapsed, it commenced flowing into the cistern prepared to receive it. Aunt Hannah was now called to "see for herself." She gazed for a few moments at the water gushing from the pipe, then suddenly turning away with a deprecating gesture, she exclaimed, "I don't believe it; I don't believe it." And the doctor, in endeavoring to impress the truth of his system of medicine upon his medical brethren, doubtless found an abundance of skepticism differing little, if any, from that of the unlettered old colored woman.

In the month of April, 1855, Dr. James removed with his family to No. 1013 Green street, Philadelphia. This removal

was prompted partly by a desire to secure better advantages for the education of his children, and partly on account of his own failing strength. Twenty-six years of hard labor, as a country practitioner, was beginning to tell upon his health. He had shown himself possessed of almost marvellous powers of endurance, but his vast field of practice, and his steady devotion to the duties of his immense business, were now beginning to manifest their depressing effects. Removal was the only method of relieving himself from the great burdens which he had borne so long and so steadily. Shortly after his removal he was seized with typhoid pneumonia, which for a time threatened the most serious consequences, and from which he was a long time in recovering his usual strength.

Rest, however, seemed not to be for him. Large numbers of his country patients continued to avail themselves of his services; and in addition to this his fame as a physician had preceded him, and in a remarkably short time he had charge of a large practice among the most intelligent and influential people of the city, while as a consulting physician his services were often called into requisition. This continued until about the year 1868, when symptoms of organic heart disease began to show themselves, and warned him of the necessity for great prudence and watchfulness. From the very beginning of these symptoms he fully realized that life might cease at any moment, and always carried about with him the means by which he might be recognized in case of sudden death among strangers. He was still able to accomplish a considerable amount of labor, both professional and religious, until about the middle of April, 1873, when he was suddenly attacked with symptoms of cardiac dropsy. From this time he rapidly grew worse and worse. He suffered greatly from dyspnœa, the difficulty of breathing often preventing him from lying down, and requiring him to sleep in a sitting posture. The dyspnœa came on in paroxysms at frequent intervals. These could sometimes be relieved at the commencement by fanning him, but not always. At other times relief was

obtained instantly by means of a forced expiration. So complete was this relief that he would say, "There, I feel as well as I ever did," when in a few moments, perhaps, the paroxysm would return. At times, also, there were sudden and violent spasmodic contractions of the muscles of the diaphragm, chest and arms, accompanied with an involuntary scream. The digestive functions remained almost unimpaired, though there was vomiting at times, apparently caused by nervous irritation, and some irritability of the bowels. He maintained through all a cheerful spirit, though he understood as well as any one that death might come at any moment. His strength gradually succumbed to the power of his disease, and at five o'clock on the morning of June 6th, 1873, he calmly passed away to his rest.

A *post-mortem* examination made eighty-eight hours after death, revealed a general enlargement of the heart. The semilunar valve of the pulmonary artery was thickened, hard, gristly and rough. The mitral and tricuspid valves were healthy. The dropsy of the heart had much diminished some three weeks before death; yet the *post-mortem* showed three ounces of effused fluid in the pericardium. In the left pleural cavity there was a pint of fluid, and in the right a quart; while in the abdominal cavity there were three or four ounces only. There had been considerable dropsical swelling of the lower extremities with some exudation of fluid. The lungs were solidified or hepatized in small portions of the different lobes, on both sides, with slight pleural adhesions at the top; otherwise they were healthy. The aorta showed a few atheromatous patches. The coronary arteries were brittle and fragile. The liver had a yellowish, granite-colored, cirrhotic appearance. The stomach, spleen and kidneys were healthy. The pancreas was small, indurated and gristly, almost like cartilage; the left end was most indurated, and seemed to account for pain which had been complained of in that region.

In studying the character of Dr. James from the standpoint of an intimate knowledge of his life and his labors, we must

regard him as in some respects a most remarkable man. In diagnosis he had very few superiors. Even in those cases of rare disease which so often take the physician unawares, he seemed to suspect and recognize their first insidious approaches; while his skill and success in treatment was a matter not of public only, but also of professional remark. As an obstetrician he stood first in all the section of the country where he was known, and as a consulting physician in difficult cases of this character, was preferred above all others. As a surgeon he was also successful, particularly in those cases of sudden emergency requiring a prompt and bold attention; an old professional friend ranking him with the very best in this respect. To his patients he was not only a physician, but a devoted self-sacrificing friend. His hopefulness in the chamber of sickness inspired his patients with new confidence. For the old he had always a pleasant word; and the school boy trudging barefoot by the dusty roadside, was always sure of a kindly greeting as the carriage of Dr. James passed by. This affable, genial manner, springing, as it did, from a warm heart, won him fast friends wherever he went. Add to all this his almost utter indifference to the allurements of ambition, caring little for the world's applause, but only for the confidence of his patients and the love of his friends, and we have before us a character rarely seen and still more rarely appreciated. As a medical writer, Dr. James made no pretensions whatever. Had he so wished, he could have made for himself an almost world-wide reputation; his quick and accurate perception, his strong common sense, his sound judgment and logical mind having eminently fitted him to shine in such a sphere, which, however, it seems he did not care to enter.

But there was another phase of David James' life and character, no less important, which as yet we have scarcely even alluded to; we refer to his deep and abiding religious faith and devotion. His parents were both members of the Methodist Episcopal Church, and attended carefully to the religious culture of their children. Morning and evening prayers were

never omitted, and public services were frequently held in their house. So early as his sixteenth year, David gave evidence of that "sound wisdom and discretion" which marked his whole after-life, by making a public profession of a personal faith in the atonement of Christ. In the spring of 1822, Rev. John Summerfield visited South Trenton, where the James family still resided, and by his youth, eloquence and fervid piety, exerted a powerful influence upon David, who from this time began to feel an intense longing for the work of the gospel ministry. His mother encouraged him to cherish the desire, but his father had other plans for his future. And submission to the will of those in authority seems to have been with him, as with the Apostle Paul, a part of his religion. It is doubtful, however, if this desire ever entirely left him, for he took an active part in all that pertained to the moral improvement of the community, and in 1841, no doubt in fulfillment of his long cherished hopes, he was licensed to preach the gospel; and in 1848 was ordained as a Deacon in the M. E. Church by Bishop Janes. During nearly his whole professional career, in city and country, he devoted a portion of his time to religious work, preaching, as opportunity offered, even in his busiest seasons. One Monday morning, after his removal to Green street, one of his students asked him if he had been busy the day previous. The reply, quietly given, was, "I made twenty-four visits and preached one sermon." And thus for years he labored; and this accounts for his having written so little for the medical press. He occupied his spare time in a different line of duty, feeling that in behalf of his fellow-men, the Great Physician had called him, for a part of his time at least, to a *higher* sphere of labor.

Dr. James was naturally of a lively and cheerful disposition, and this was enhanced by his religious experience, especially during the later years of his life. The teachings on the subject of holiness of Wesley, Clark and other standard writers of the denomination to which he belonged, had been theoretically accepted in his early Christian life; but it was not until

1868, at a camp meeting held at Brandywine Summit, that he seemed to enter into a deeper Christian experience than ever before. He never had been a doubter; but now his experience was of a more joyful character, and this continued without interruption to the latest hour of his life.

As a thinker, Dr. James was logical; as a speaker, fluent and rapid. In labor abundant; in controversy energetic, yet always kindly; in his benevolence unostentatious, seeking out the poor unnoticed, and ministering to them in physical and spiritual necessities; and watchful for every opportunity "in season and out of season" to lift man up from his depths and make him what he was designed to be. His piety was an every-day matter, brightening his whole life; and it has been justly said that no one ever obtained from him the impression that religion is a gloomy thing. The malady under which he had suffered for the last five years of his life, was of such a nature as to lead him to expect to die suddenly; and when to his surprise he found himself called upon to endure intense physical suffering, his cheerfulness never forsook him, and when one of his friends expressed astonishment at it, he said, "We do not believe in long faces; we do not have a gloomy religion in our house." He seemed pleased to know that his friends remembered him; and when it was told him that the Byberry people were making constant inquiries about him, his face brightened as he replied, "Ah, yes; Byberry doesn't forget Dr. James;" and true it was, although eighteen years had passed since he left it. Indeed, it is doubtful if any physician could have a stronger hold upon the affections of his patients. While expressing his perfect willingness to die, still he gave directions that nothing should be left undone to secure his recovery, evidently in the hope that he might yet have still more opportunities for labor. He intimated, however, that in case of his recovery, he should not return to professional labor, adding that "the Master would have other work for him to do." And throughout all his sickness, his complete resignation, his cheerful, happy spirit, his frequent expres-

sions of thanksgiving, and as the last hour approached, his perfect trust and unshaken confidence, were such that it might well be said, as it was said in reference to another, that his apartment seemed "not the chamber of death, but the robing-room of Heaven."

During the last two or three days of his life, it was noticed that the energies which had so long sustained him were gradually giving way, and the vital forces rapidly failing; yet death when it came was almost instantaneous. His children were near his bedside; he repeated the thanksgiving that "as if in contemplation of his complete salvation in Christ" he had so often uttered during the preceeding night "Thine be the glory; Amen and Amen." His heart suddenly ceased its beating, and the spirit of David James winged its way to its rest.

As we reflect upon the great conflict that is being waged between science and error, between christianity and infidelity, between purity and corruption, we feel that our best and bravest warriors can ill be spared. As we lift up our eyes and look on the fields so vast and so rapidly whitening, and while the cry for laborers goes up to the Lord of the harvest, we realize that now, if ever, David James is needed here. The medical profession, the Church and the world all need him, and more like him. And yet, One who "doeth all things well" has summoned him from the field. The tabernacle of his earthly journey is mingling with the dust of Laurel Hill, and its occupant has gone to higher service and happier scenes, leaving to us who remain the fruits of his faithful toil and the precious legacy of his bright example. "The memory of the just is blessed."—Blessed indeed to those who are ready to learn a lesson and take an example from a life well spent and a work well done.

CALCAREA PHOSPHORICA IN ITS PHYSIOLOGICAL AND THERAPEUTIC RELATIONS.

BY DRS. DUSART AND BENEKE.

DUSART shows in the *Archiv gén.*, 1869 and 1870, the great value of Phosphate of Lime to the life of plants and animals. He communicates some experiments on pigeons, which demonstrate that when animals are fed on insufficient quantities of lime, they exhaust the lime in their own bodies. He shows that the pigeon, although receiving daily an average of 0.039 grammes of the phosphate, discharged 0.098 grammes. It has frequently been observed that fractures in young animals heal more quickly while they receive phosphate of lime with their food, and that such bones are heavier than in those who receive only their usual food. Phosphate of Lime dissolved in lactic acid, gives the most favorable results especially in fractures, rachitis, cranio-tabes, in scrofulous and atrophic children, especially when they also suffer from vomiting and diarrhoea, and in tuberculosis.

Prof. Beneke considers it not so much as a direct remedy, but more as a valuable palliative, inasmuch as it equalises the loss of calcareous salts produced by the copious formation of oxalic acid in the body (by combination of the oxalic acid with the lime), and corroborates this assertion by quotations from authors on agriculture. Thus Roloff (*Virchow's Archiv*, XLVI) relates that cows which used exclusively the hay of a particular meadow, suffered from friability of the bones. An examination of the hay showed great deficiency of lime and phosphoric acid. The meadow was manured with bone flour and the same fed to the cows, and after four weeks they were free from all disease. Roloff continues: this disease is stationary on certain acid meadows and generally in marshy soil where all vegetation is notoriously poor in earths, and it appears even on calcareous soils during seasons of great drought, probably because the necessary quantity of calcareous salts fail to pass into the vegetation, from the want of moisture. Haubner says: when animals are only fed with potatoes and parsnips, which contain hardly any phosphates, they deteriorate in their nutrition, become weak, atrophied and soft in their bones; but amendment sets in as soon as we add Phosphate of Lime to their food.

Boecker also shows, that nurses whose milk was very poor

in lime, got milk normal in its proportion of lime as soon as they took white-burned powdered bones (*Beitr. zur Heilk.* 1). We still need experiments about the supply and consumption of calcareous salts in the human body. Approximatively we venture to say that the surplus discharged by the fæces is not considerable, and it is a question if the sulphate of lime could be disintegrated by the intestinal fluids from the combination in which it is discharged in the fæces. The quantity of lime discharged by the urine may be increased two- and threefold, in several diseases, without showing much difference in the quantity and quality of the food and of the stools, and it is clear that the increased excretion is carried out at the cost of the body, and can only be covered by a medicinal supply of phosphate of lime.

Beneke considers it illogical to recommend the medical use of iron in anæmia and to discard the phosphate in cases corresponding to its use. Thus it is only indicated in scrophulosis when characterized by abnormal loss of the calcareous salts, and an examination of the urine for the quantity of earthy phosphates is therefore of importance. We find them mostly increased in all cases where, in spite of good nourishment, emaciation, paleness and slow development of the osseous system takes place, with more or less diarrhœa. These increased secretions are not steady, but periodical, with intervals of days and weeks.

Boecker praises the phosphates in rachitis and craniotabes as a substantial article of nutrition. Drs. Schoenian and Kegelmann recommend them in profuse menstruation of anæmic women; Beneke in syphilitic ulcers and tuberculosis; Piorry in syphilitic periostitis.

Extremely useful is the phosphate of lime to pregnant and nursing women, especially when they go into a decline caused by former puerperia. Thus he observed in a woman who formerly brought only weakly children into the world, and who herself lost ground, that, after using the phosphate and carbonate of lime during pregnancy, her labor was easy and the infant was stronger and better developed. The same success followed its use in a rachitic woman, whose older children were scrofulous and delicate. (*Schmidt's Jahrb.*, 1871, 8; *A. H. Z.*, Nov.)

Compare *North American Journal of Hom.*, Nov., 1871: Calcareo phosphorica, Symptoms 35 to 49, 90, 175 to 180, 199 to 204, 220 to 240, 249 to 253, 305 to 310, 465 to 475.

HEPAR SULPHURIS.

STITCHES in the throat when swallowing, as if caused by a splinter; stitches in the throat extending to the ear when swallowing.

Case 1. Mrs. B. ate some quails at supper. After a remark which produced general hilarity, she felt as if some small bone had stuck in her throat, and in spite of eating some soft bread it remained during the night. I was requested in the morning to make an examination and to remove it; instead of which I dissolved some Hepar sulph.^{2c} (Tafel) in water, ordering a teaspoonful every two hours. After the second dose the pain was gone.

Case 2. Mrs. Jones partook of some shad for dinner, and soon afterwards complained of stitches in the throat, extending to the ears when swallowing. Dr. Burdick as well as myself failing to find the offending fishbone, I dissolved some Hepar^{2c} (Tafel) in water, and after a few doses the pain was gone. S. L.

DISINFECTION.

BY J. F. COOPER, M.D.

(*Read before the Hom. Med. Soc. of Pennsylvania.*)

WHEN carefully considered, disinfection is a most important subject, and one that embraces points of scientific interest yet undeveloped, which, if properly settled by investigation, will give it a more prominent position among subjects developed by scientific research. In prosecuting its study and in making its application, the laws of chemistry and the principles of physiology, pathology and therapeutics are found to combine and blend in harmony.

The chemical relations of the elements of bodies are constantly changing; and by this constant change pathological conditions are produced. And by the proper application of therapeutic means a physiological condition is restored.

In all the kingdoms of nature, and more particularly in the animal and vegetable, there is a proneness to decay that is well calculated to excite inquiry and cause investigation.

When the vitalizing influence is withdrawn and depolarization of the molecules of a body is produced, its ultimate decom-

position is more or less rapid in proportion to the activity of the molecules of which it is composed. Where no molecular activity is seen in a devitalized body, no decay is observable. Temperature holds a controlling influence in this tendency in the elements of the body to change. A temperature of less than fifty degrees Fahrenheit tends to check molecular activity and prevent decay; while on the other hand, in a temperature ranging between fifty and one hundred and forty degrees Fahrenheit, molecular motion is greatest, and consequently decay and the evolving of noxious gases most rapid.

When a temperature of more than one hundred and forty degrees Fahrenheit is applied to animal substances, they are disposed to solidify, thereby preventing molecular motion and interposing a barrier to decay.

By studying carefully the chemical relation of substances known to combine readily with the elements that are usually found in the localities where decaying animal and vegetable matter abound, noxious and offensive odors may be removed. And by a proper application of the principles here involved, the atmosphere of the rooms of the sick who are passing through the stages of malignant disease may be purified, the danger threatening life lessened, and remedial means made more effective.

Whether disinfection can be practiced on so large a scale as to completely neutralise the disease-producing power that spreads broadcast over large districts of country the most deadly forms of disease, completely cutting off their spread and development, remains to be verified by experiments more successful than those of the past. The laws, principles or usages adopted more by common consent than in accordance with the laws of science, need elaborating and require to be established by further scientific research, so that the practitioner may have a sure and unerring guide in the selection of an agent adapted to each and every form of epidemic disease.

Though disinfection has been chosen as the subject for this paper, yet considering it in all bearings it can scarcely be

properly and effectively discussed without combining with it in the thesis the principles governing the use of prophylactics. The results of a successful disinfection are evidently prophylactic.

By a successful disinfection is not meant simply the removal of an offensive odor, but the breaking up of those gaseous combinations that are evidently in epidemics the disease-bearing medium.

It is almost impossible to satisfactorily account for the spread or dissemination of epidemic disease in any other way than upon the theory of its propagation by means of the gaseous exhalations from the sick.

They are, most undoubtedly, the medium by which the disease is conveyed from place to place, and enabled to reproduce its non-specific form. Some forms of disease, it is true, can be propagated or reproduced by contact alone. But by far the greater number of diseases, and those too usually the most dangerous and destructive to life, are for the most part conveyed in this way into the systems of those who are for the time being impressible to a prevailing type of disease. The genius or spirit of a disease may not be a gas, but the gases, or some of them at least, are evidently the means by which disease is disseminated and enabled to propagate its kind.

A rapid change, producing a separation or recombination of the gases and the elements with which they combine in infected places, would, if the disinfectant used possessed prophylactic powers, be most likely to destroy the power to propagate the type or form of disease prevailing. It is found at times that every effort at disinfection has failed in the breaking up or staying of an epidemic, and that it will run its course regardless of the efforts put forth for its suppression, either exhausting itself from want of impressible material, or by being cut short by some powerful atmospheric change. In contemplating such a condition of things, it is evident that a more extended knowledge of the influences developing disease is required by the profession, and that these

influences demand a more thorough and scientific investigation.

Heretofore almost the entire study of professional men has been directed to the cure and but little time or attention has been given to the prevention of disease. The time has come in which the profession should change its treatment of cases ; and especially since the microscope, the spectroscope, and the developments of chemical science, in connection with the discovery and application of the law *similia similibus curantur*, has made it possible for the profession to labor understandingly and effectively in this as well as in other departments of medicine.

When disinfectants are selected with due reference to the cause, character and prevailing type of disease, their use is certainly more likely to be followed by beneficial results. Among homœopathists the selection of disinfectants should be made, as far as possible, in accordance with the law *similia similibus curantur*. No disinfectant should be used or allowed in the rooms of patients under homœopathic treatment, the pathogenesis of which has no relation to or is not as nearly as possible *similar* to, the symptoms of the patient or patients under treatment. Too frequently we find the rooms occupied by patients thoroughly impregnated by odors which, from not having any special relation to their cases, must necessarily at times be very prejudicial and very likely to cause embarrassment and prevent recovery.

In recommending an observance of the law of *similars* in deciding upon or making a selection of a disinfectant, we do not wish to be understood as in any way ignoring the laws of chemistry or as objecting to any other strictly scientific means that can be made available. The laws of chemistry are too often disregarded in this important matter, and selections are frequently made without reference to any scientific rule ; and such a thing as relation between the thing used as a disinfectant and the disease is not thought of. We are positive that no drug can be a prophylactic that is not truly homœopathic to the symptoms characterizing the type of disease for which it is used.

In order to be able to use the drugs recommended for disinfection successfully, and at the same time make them effectual as prophylactics, a thorough proving upon the healthy would necessarily be required to enable the practitioner to select or recommend with certainty that which would be successful in each specific form of disease. Many of the drugs that have been recommended and from time to time been popular as agents for disinfection, have been proven and constitute a part of our *Materia Medica*. But the provings have not been sufficiently exhaustive: but few if any of our medicines have been proven in which chemical and microscopic examinations and tests have been made use of during the proving. Such examinations properly made, and the results noted in the provings, would doubtless be all important, assisting the practitioner out of many a dilemma, from which, from poring over our present *Materia Medica*, he could see no chance of escape. It may not have struck the minds of the provers of our *Materia Medica*, that the use of the microscope or chemical analysis in the proving whenever and wherever practicable would add anything to the certainty and efficacy of the medicines of which it is composed. But most undoubtedly these powerful auxiliaries of science are capable, if properly used, of adding strength and certainty to our provings, as well as to the use of disinfectants.

Disinfection and deodorization are really very different subjects. What at times effects deodorization may at times result in disinfection, but it does not necessarily follow that the one must be a result of the other. God in nature has provided abundantly for both; but the effecting of deodorization in the apartments of the sick is so frequently followed by the continuance and spread of disease and death, apparently unaffected by deodorization, that reason, deciding by cause and effect, is led to the conclusion that it is not sufficient, and that disinfection is as necessary for the safety of the patient and attendants as deodorization is for their comfort.

Oxygen, in every place that is reachable by atmospheric air,

and the porous earths are the most powerful, abundant and effectual of deodorizers, but they do not at all times and under all circumstances effectually destroy all germs of disease. Contagion may be buried for years in some kinds of soil, and again become active on turning up the earth. The pioneer or the traveler over our western prairies may night after night spread his blankets and rest upon the sward, in comparative safety from the disease-producing influence that lays locked in the soil beneath him ; but it is a fact, that when large tracts of land in certain districts are broken up by the plough, various forms of fever spring up and prevail to an alarming extent. Other forms of epidemic disease also spring up under such circumstances that cannot be traced to any other specific cause. In towns and cities that grow rapidly, where many cellars are dug and extensive excavations are made within a short period of time, the same thing is observed.

Deodorization may lock up and hold back a contagion, but to break up its propagating power disinfectants are necessary, and these can only be made effectual by a proper observance and application of the law of *similars*.

MORPHIA OR APOPLEXY :—WHICH ?

BY E. BECKWITH, M.D.

AT about 5 o'clock, A.M., Aug. 29th, 1873, I was called in great haste to the bedside of Mr. C. P. S., one of the most prominent, highly respected and wealthy citizens of this city (Muncie., Ind.), who, the messenger stated, " had been taking morphine, and could not be roused, was twitching and jerking, and the physicians (two prominent allopaths) who had prescribed the morphine a few hours previous were out of town." On my arrival at the house I found that one of the aforesaid physicians was already present, endeavoring to administer strong coffee, which the patient swallowed with difficulty as it was given a teaspoonful at a time. This was continued for an hour and a half, until some three cups of

strong coffee were taken, and the most vigorous and unremitting efforts were made to arouse the patient and keep up the respiration, for the space of six hours, at the end of which time, about 11 A.M., he died, and the city lost one of its best and most useful citizens. As no other probable cause for his sudden death has been suggested by his physicians, and as I have been severely censured for intimating that excessive narcotism was the probable cause, I wish to state the case and all the facts very briefly, and the appearance and symptoms of the patient, and inquire of the readers of the *Hahnemannian Monthly* if there is any other probable cause of this sudden death. Deceased was a hardware merchant, aged 45, short, stoutly built, and rather a fleshy man, of usually pale countenance, phlegmatic temperament, and apparently in good health. Had not been under treatment of any physician for a long time. Wednesday evening previous to his death he spent with some friends playing croquet and was unusually lively. Thursday he complained of neuralgia of the head and face and remained at home, and in the evening rode out with his wife; but before going home called on Dr. K., who prescribed a powder of morphia, supposed not to exceed one-half grain (was given by guess). He retired, and about 10 o'clock was attacked with severe pain in the stomach. The senior partner of the medical firm, Dr. W., was then summoned and remained with him some time, giving a capsule of morphia and ipecac., the former not to exceed—so stated by himself—one fourth grain, and a similar capsule left to be taken in an hour in case the first did not relieve. This also was given by the wife about midnight. He seemed easier, slept some, but about 3 A.M. his wife awakened him on account of his *loud and difficult breathing*. He then *sat up on the edge of the bed* and complained of *feeling bad*, was *sick at the stomach* had *itching and stinging of the skin*, said “this morphine makes me feel bad, give me some water. I feel better now; if I can go to sleep I shall be all right.” His wife remarked, “I am afraid you have taken too much morphine.” They both went

to sleep, and about 4 o'clock the wife was awakened by his *loud stertorous breathing*, and tried in vain to arouse him. She called assistance and sent for the physicians at once, but he remained *profoundly unconscious* from the second time of falling asleep till he breathed his last. When I first saw him he was *pale and cadaverous*; *head and face were cool, also the whole body*; *all the muscles of the face were relaxed—lips bloodless, lower jaw hanging down, eyes half open—eyeballs turned upward—pupils contracted—complete relaxation of the whole muscular system, “as limber as a rag”* until he died. *Pale bluish color of the skin over the whole body. Respiration very infrequent and irregular*, suspended a moment or two and then a few respirations in succession—not stertorous but as from a *semi-paralytic condition of the lungs*. The pulse was not perceptible when I first saw him, but vigorous friction and artificial respiration would bring it up so that it was quite distinct and even had considerable force, but most of the time was very feeble, and thus it continued to rise and fall with the fluctuating respiration, till he died. At times they would both apparently cease, and there were no signs of life except the faint beating of the heart—the *skin would get very blue and cool*—then from friction and artificial respiration kept rising and falling alternately to the last. The *heart's action* was *very faint and irregular* all the time. The *normal sounds could not be distinguished*. The amount of morphia administered (according to the statement of the physicians) did not exceed *one grain*, and—provided he had been accustomed to its use—would not be considered a “regular” *overdose*. Yet if the theory of fibrinous heart-clots so ably advocated by A. R. Thomas, M.D., (*Hahnemannian Monthly*, Vol. VI., page 465,) is true (and I have not the slightest doubt of it myself), then an excess of fibrin in the blood, resulting from a neuralgic, rheumatic or perhaps an inflammatory condition, in connection with a naturally slow pulse and perhaps feeble heart's action (as he was a very slow moderate man in all his movements), are circumstances which

favored the formation of a fibrinous heart clot—which I believe did actually take place under the depressing effects of morphia. Unfortunately no post mortem examination was permitted, as the friends expressed themselves that “the doctors had done enough already without cutting the man up after he was dead.”

Since writing the above, I see by our local paper that Drs. W. & K. have set up the claim that *apoplexy* was the cause of this man's death. Now I do not wish to cast any unjust reflections upon my medical brethren of any school, but I desire *more light*. I would like at least the opinions of others more experienced than myself. It looks very strange to me that a man attacked with apoplexy, after stertorous breathing had commenced should set up on the edge of the bed and *rub himself* and complain of itching, nausea, feeling bad, &c. Whether this death was caused by morphia or apoplexy, if the “boot had been on the other foot,” if it had happened to a homœopath, he would have been *professionally*, as “dead as a door nail” within twenty-four hours afterward. In fact I think it would have been dangerous for him to have tarried that long within the limits of this city.

MEDICAL AND SURGICAL ANNOTATIONS.

POISONING BY AGARICUS MUSCARIUS.—A man of sixty years, and his wife, aged forty, ate a dish of mushrooms, into which, apparently from revenge, some bug-agaries were mixed. They tasted good, and only some baked potatoes were used at the meal. Half an hour after the meal, the woman was taken with trembling of the stomach, weakness of the extremities, nausea and severe vomiting. The mushrooms were found in the vomited matter. Patient trembled all over, and it was only with great exertion that she could preside at the table of her working people. The husband still felt well, but the wife got constantly worse; twitching set in in the upper extremities, which she compared to electric shocks; she could hold nothing in her hands, which felt as if they did not belong to her; her knees gave way under her, and yet she felt as light as if she could run any distance; vibrations before the eyes; great irritability; the eyes were in constant twitching motion, vision dimmed

but hearing very sensitive. Towards evening the twitching ceased; patient had constant inclination to rock herself forwards and backwards, or to stretch herself; restless sleep.

The husband was more intensely sick. Trembling, twitching, the head drawn back on the neck, stretching of the body, irritability, vomituration, finally dulness of sensorium; collapse. An emetic of Tart. stibiat produced emesis and diarrhœa. Patient felt better then, in spite of the excessive debility, and slept well during the night. Pains in the extremities, disturbed vision, flatulence, colic and excessive thirst remained four days in both patients.

Two carpenters partook of some mushrooms. Both were attacked by most severe cerebral symptoms. They screamed and raged like maniacs; the older one was the worst; he destroyed his bedstead and it took four strong men to overpower and to bind him. An emetic was given, but still the clonic and tonic spasms kept on the whole day. By the next morning they were more quiet, but it took several days till they felt well again. Atropia would have been the best antidote to the action of the muscarin. DR. WUTCHER, in *Schmidt's Jahrbücher*, 5, 1873.

NATURE AND TREATMENT OF SPASMUS SCRIPTORIUM.—This spasm arises from over-exertion of certain muscles from continued writing, especially of the flexors, extensors and rotators, which are only used when the muscles of the fingers are tired. Being not used to such labor, tetanus is easily produced, and repeats itself the more frequently the oftener it happens. Affections of the central nervous system, different affections of the right arm and simple over-exertion may cause it.

In several cases purely local affections were the cause. In one, the doctor found a chronic periostitis at the condylus externus humeri, which was sensitive to pressure, and at the same time by pressure at that point spasmodic contractions of the muscles arising therefrom were produced, as also happened from continued writing. The skin above the inflamed part was destroyed by the actual cautery, and after six weeks, during which perfect rest was enforced, the patient was cured and remained thus a year after. In a second case, an ingrowing nail of the thumb was the cause of the spasm, necessitating the patient to change the usual mechanism of writing. After its removal, the patient could write as well as ever. In another case was diagnosed neuritis ascendens of the brachial nerves; cured after five weeks by the ascending galvanic current. DR. F. RUNGE, in *Berl. Kl. Wochenschrift*, 21, 1873.

HOMEOPATHY IN ENGLAND.—Some idea of the aristocratic position which homœopathy has attained in this country may be gathered

from a recently issued prospectus of a bazaar to be held next spring in aid of the funds of the London Homœopathic Hospital.

The promoters of the bazaar, with a worldly wisdom which does them infinite credit, tell us nothing of the special claims of the hospital, nor do they trouble us with any homilies on the excellence of charity. They simply announce the list of lady patronesses. H. R. H. the Duchess of Cambridge leads off, supported by five other duchesses. Five marchionesses follow, among whom are especially notable the Marchioness of Westminster and the Marquise de Caux (Madame Adelina Patti). Next we have ten countesses and nine viscountesses, the Countess Granville leading this division. Then we find about fifty "ladies" or "baronesses," including such names as Ebury, Elcho, Lawrence, Rothschild, Seymour, Havelock, Erskine, etc. The mere honourable and untitled ladies who bring up the rear are grand enough to shed lustre on any ordinary cause, including as they do such names as Mrs. Milner Gibson, Mrs. Knatchbull-Hugessen, and others whose husbands' names are linked with wealth, talent or fashion. Our respected and philosophical readers in Southwark who intend to vote for Mr. Odger at the next general election, will readily and perhaps cynically respond that all this proves nothing whatever as to the truth of homœopathy as a system of medicine, which we as philosophers also are bound to concede. But in presence of the overwhelming power displayed we are disposed to sink questions of truth or falsehood, and declare ourselves, as Mr. Disraeli once did, "on the side of the angels." *The Chemist and Druggist*, London, Sept., 1873.

MILK AS A DISEASE AGENT.—The attention of the Board of Health of the City of Philadelphia has been called to the filthy condition of the milk cars on the various railroads leading into the city, and the possibility of the milk brought to market in such cars absorbing poisonous material from the ferments of the car floors and walls. In the *London Lancet*, August 23d, 1873, an article on typhoid fever prevailing in a part of London, bears on the poisoned-milk question. It is as follows: "At the moment of going to press, we hear that in the parishes of St. George's, Hanover Square, St. Marylebone, and Paddington, there are no less than 104 families which have been attacked with typhoid. How many cases may be included in these families, it is not possible to say at present, but we know of several instances where as many as 5 cases have occurred in one family, so that the estimate of 500 cases given in the *Times* on Thursday, is probably not over the mark. Of these 104 families, 96 are known to have used, to a greater or less extent, the milk of the suspected dairy. The remaining 8 cases have not yet been investigated, but they are all, with one exception, open to the fallacy (which has

been shown to have existed in some of the previous exceptional cases) that they may have imbibed the poisonous milk in the houses of friends or employees, if not in their own. In one case only there appear to be circumstances which preclude the possibility that the patient has ever had any of the suspected milk.

Sixteen cases have occurred in the Cripple's Home, and a seventeenth outside of the home, in a person who, on one occasion, unfortunately drank the milk of the establishment.

Of these 104 families, 18 are the families of doctors; a large proportion, certainly, but not large enough to lend any color to the assault of the milk company, that the infection was due, not to the milk, but to the doctors themselves. It must be remembered that in these parishes, a considerable portion of the permanent residents are medical men. The Cavendish Square district is, in fact, to doctors what Lincoln's Inn is to lawyers."

A NEW METHOD OF TREATING ULCERS. Dr. Philip Cowen, M. R. C. S. L., &c., is of the opinion that an ulcer, from whatever cause arising, whether constitutional or local, should be regarded as a local asthenia of the skin and parts beneath; a local weakness and loss of plasticity; a brittleness where softness, elasticity and pliancy yet strength should exist; a local tendency to degeneration and death. With this view, and knowing that an ulcer has power of absorbing matters applied to its surface, it occurred to him to avail himself of this property by applying locally matters having nutritive powers; so that the skin would be nourished locally, at the weakened and degenerate spots, to enable it to take up such materials as would nourish its weakness and convert its brittle state into a plastic and healing one. He thus relates his experience: "I made the following mixture of glutinous ingredients: Flour, four ounces; powder of acacia, one ounce; powder of tragacanth, half an ounce; one egg; chalk, two drachms; cold water, one pint. These were all mixed together, and placed on the fire in a saucepan. Just as it began to boil, or after boiling a minute, it was removed, and allowed to cool. If found too thick, it was made thinner by adding a little boiling water, and stirring, so that it was of the thickness of ordinary paste; thin enough to be spread over the ulcer by means of a little brush, yet so thick that it will remain on the ulcer. Probably such a mixture is not necessary; either the flour-paste alone, or the acacia, might be sufficient, but I prefer it as it stands. The patient, provided with a pot and brush, thickly paints the ulcer all over three or four times daily, and covers the ulcer with a thin piece of soft rag. No other treatment nor washing is had recourse to, except to remove the rag. To keep the materials sweet, only sufficient is poured into the patient's pot for the day (pot and brush washed

daily.) The flour, acacia, tragacanth, and the egg supply the ulcer with all the necessary materials for its repair; the chalk has a further good effect, by supplying lime." The doctor then sums up the results of this treatment, which were very gratifying. He remarks in conclusion: There are certain unusual conditions which arise under this treatment which are worthy of notice: 1st. Islands of skin or cicatricial tissue arise in some cases in the centre of the ulcer, as well as from the circumference. 2d. There is for some days after applying the paste a large increase in the ulcer secretion; this afterward becomes normal. 3d. The remedy is a painless one. 4th. The cicatrix has a peculiarly healthy, strong appearance.

COMPRESSION OF THE FACIAL ARTERY FOR EPISTAXIS.—Dr. Marvin, of Geneva, alludes to the disagreeable process of plugging the nares either with Bellois' sound, or an elastic urethral sound, and states that he finds the following process preferable: As the blood generally comes only from one side of the nose, and most frequently from the anterior third of the nasal fissure, he merely compresses the corresponding facial artery against the superior maxilla near the angle of the nose. The afflux of blood to the cavity of the nose is thus diminished, and the epistaxis ceases almost instantly. Persons suffering from excessive nasal hemorrhage on the streets, boats, or cars, may thus be readily and promptly relieved.

Bessieres, in *La France Médicale*, 1873, recommends plaster of Paris for arresting epistaxis. Plaster is known as a hemostatic in cases of leech bites, cuts and excoriations. The mode of using it in epistaxis is as follows: Sift a spoonful of unslacked plaster through a coarse sieve, place it in a tube of paper or light cardboard, and blow it forcibly into the nostril, after having caused the patient to blow his nose.—*New York Medical Journal*, October, 1873.

FORCIBLE AND RAPID DILATATION OF THE CERVIX UTERI FOR THE CURE OF DYSMENORRHOEA.—Dr. John Ball, of Brooklyn, N. Y., in a paper in the October number of the *New York Medical Journal*, gives a description of this method which he has found satisfactory in cases of constricted cervix uteri and consequent dysmenorrhœa, as follows: My method of procedure is first to evacuate the bowels pretty thoroughly beforehand, so as to prevent all effort in that direction for two or three days; I then place the patient upon her back, with her hips near the edge of the bed, and, when she is profoundly under the influence of an anæsthetic, I commence by introducing a three-bladed, self-retaining speculum, which brings in view the os uteri, which I seize with a double-hooked tenaculum, and draw down, towards the vulva, when I first introduce a metal bougie as large as

the canal will admit, followed in rapid succession by others of larger size until I reach No. 7, which represents the size of my dilator. I then introduce the dilator and stretch the cervix in every direction, until it is enlarged sufficiently to admit a No. 16 bougie, which is all that is generally necessary. Then I introduce a hollow, gum-elastic uterine pessary, of about that size, and retain it in position by a stem, secured outside the vulva, for about a week, in which time it has done its work, and is ready to be removed.

During this time, I keep the patient perfectly quiet, and usually upon her back, which is generally found to be the most comfortable position.

The effects of this operation seem to be threefold: First, by breaking up all the adhesions, which are often very firm and unyielding, it relieves the constriction entirely, and, acting as a derivative, it eases the hyperæmia of the cervix; and, further, it establishes a radical change in the nutrition of the whole organ. For instance, I have operated upon patients who had suffered for years from chronic endo-cervicitis, and when the most gentle touch of the finger would cause excessive pain, when in a few days the sensibility would all be gone, sometimes even before the pessary was removed.

In case of flexion the relief is obtained by the straightening of the canal, which is produced by a change of the muscular tissues of the cervix from an abnormal to a normal condition. In the rapid dilatation of the parts, the constricting fibres are, of course, lacerated to some extent; and, in healing up around the pessary, must necessarily conform to their near relation. It was in seeking a remedy for this condition that my mind was first directed to this mode of operation; and, finding the relief so prompt and so effectual, and so safe also, I had been led to adopt the same treatment in all troublesome cases of constriction of the cervix uteri, whether complicated with version, or flexion, or otherwise; and the results have been so gratifying that I take great pleasure in laying them before my professional brethren.

It would be unreasonable to expect success in every case, and under all circumstances, yet I do claim for it a certainty hitherto unattained; and it has this one great advantage, viz., the saving of time, as in my hands it will accomplish more in a less number of weeks than it would take months to do by the ordinary methods. And according to my own experience, it causes much less constitutional disturbance than the use of tents; and I think it safer than the metrotome, and free from some serious objections to the use of the latter; as, for instance, when incisions are made through the tissue of the cervix, unless carried deep enough to prevent reunion, they must of necessity form a cicatrix, which will interfere more or less with the dilatation of the parts. And, when the operation

does not succeed, the patient is left in a worse condition than before; while in the rapid and forcible dilation of the cervix, there is no sacrifice of the integrity of the parts, and being done under the influence of an anæsthetic, there is no shock of the nervous system, and generally but little subsequent suffering.

COMMUNICATION.

To the Editor of the Hahnemannian Monthly:

LAST autumn, ill health compelling me to relinquish all professional occupations, I, with great reluctance, severed my connection with the N. Y. Homœopathic Medical College, by resigning the Deanship of the Faculty and the Professorship of Materia Medica and Therapeutics.

Having returned from Europe, a few days ago, I have to-day, for the first time, seen the College Announcement for the Session of 1873-74, wherein, to my surprise, my name occupies its old place under the titles of Professor and Dean.

I should sincerely rejoice, if I were able to resume a work and a fellowship which were always a source of great pleasure to me. But since this is not the case, it seems to be my duty to correct this error in the announcement.

CARROLL DUNHAM.

IRVINGTON, ON THE HUDSON, N. Y., *Sept. 30th, 1873.*

PUBLICATIONS RECEIVED.

BÖNNINGHAUSEN'S HOMŒOPATHIC THERAPEIA OF INTERMITTENT AND OTHER FEVERS. Translated with the addition of New Remedies, by A. KÖRNDORFER, M.D. Boericke & Tafel, New York and Philadelphia, pp. 243.

The profession are pretty well acquainted with Bönninghausen's Treatise on Intermittent Fever, as it appeared in its first English dress. To compare the present work with that, would be like comparing the infant with the adult man; there is a resemblance, as the little resembles the big; but the differences are more marked than are the points of similarity.

In the first place, the author, the great Bönninghausen, enlarged the scope of his original work (published in 1833), and added greatly to the storehouse of homœopathic facts which he had formerly presented; so that the second German edition of 1863 might be justly called a new work. Now to this new work, the translator, a talented junior member of the profession, who in a quiet way works steadily and accomplishes some good, in presenting this new American edition, while he has carefully followed the arrangement adopted by the author, has made numerous valuable additions, not only of "New Remedies" but of other material quite as valuable. To part IV., which Bönninghausen termed "*Namen Therapie*," and which he warns his readers against (very unwisely, we think, as naming the disease may be regarded and employed as a first and very important step in the classification of remedies for the selection of that which may be homœopathic to the case), the translator has added judiciously

and carefully, and has introduced and arranged in the "Repertory," twenty-six remedies in addition to those contained in the original.

The work is divided into four parts:

Part I., treats of the *General Fever Symptoms* of the remedies, from Aconite to Zincum. This part comprises 55 pp., and will undoubtedly prove the most valuable and most frequently consulted portion of the work. Here may be seen at a glance the *fever symptoms* of the remedies most likely to be called for in cases of febrile disease—about 150 in all. This plan of presenting the special symptomatology of remedies develops some curious features, which go to prove the imperfect condition of our provings. For instance: Quinine, which, as every one who has used it knows, will *cure* more cases of intermittent fever than any other drug when judiciously administered, has its "general fever symptoms," summed up in eleven lines; while "*Psorinum*" has twenty-one lines in which to tell its fever story.

Part II. is the REPERTORY, comprised within 167 pp. This repertory the translator has arranged with the greatest care, and it is very full and satisfactory. The varying type enables the reader to see at a glance the remedy having a given symptom in the highest, middle or lowest degree (after the plan of Bönninghausen's *Therapeutic Pocket Book*), while the side headings are made to stand out in bold relief, so as to catch the eye at a glance.

Part III., expresses the "relation of the fever stages," for instance, "Beginning with Chills," "Beginning with Heat," "Beginning with Shivering," etc.

Part IV., give the remedies as indicated by the various fevers classified according to their pathological names (the *Name Therapeia*), which comprises 7 pp.

Here, then, we have a work which will enable the homœopathic practitioner to select the remedy in a case of fever according to the individuality of that case, with the least amount of labor and with the greatest possible accuracy. To the "pure Hahnemannian" of our school, the work will be a precious treasure, while to those who are not so pure, and even to those who are decidedly impure, it cannot fail of being a valuable addition to the list of aids to successful prescribing. It is a companion volume to Bell's work on Diarrhoea, etc., and is much more accurate and more nearly complete than is that excellent and valuable little volume.

The translator has done his work well, giving us a pure English, and his careful proof-reading has added to the value of the work; the publishers have spared no expense to bring the book out in a handsome style; while the printers have made an uncommonly neat job of their part of the work; in fact, translator, publishers, and printer have conspired to bring out a useful book in handsome style, and have happily succeeded in doing so.

A number of *Book Notices* have been crowded out of this issue, but will appear in November.

EDITORIAL NOTES.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA. It gives us great pleasure to learn that this institution has commenced its annual session under more favorable auspices, a larger class being in attend-

ance on the lectures of the preliminary course than has been present for several years. Dr. T. Y. Kinne, J. J. Youlin, and Jas. B. Wood have delivered lectures during the preliminary course, which have been alike creditable to them and instructive to the students. The recent additions to the faculty of the college and the rearranging of some of the chairs has been a great improvement. Drs. Betts and Farrington, the new appointees, are young men of ability, energy and industry, are graduates of the college, and will no doubt ably serve their *alma mater*. The successor to the chair of physiology, etc., Dr. B. F. Betts, is a gentleman of culture, whose mind is well stored with physiological knowledge from extended reading and from close study at home and in the best European schools. We predict for him a successful career as a lecturer.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.—The history of this institution (and of things homœopathic in Massachusetts in general) is almost one of magic; and reminds us in some respects of the wondrous tale of Scheherezade concerning the fortunes of the *gamin* of Bagdad. The naughty African magician, taking the shape on this occasion of the bigoted and self-conceited M. M. Soc., by sundry wily arts—intended to have other effects than those they had—contrived to place in the hands of the Massachusetts homœopaths (who take the part of Aladdin for this occasion only,) the magical lamp of public sympathy, which, whenever it is properly breathed upon and rubbed into warmth, does marvellous things. Fortunately these homœopaths discovered the method of manipulating the lamp to their advantage; and hence the grand homœopathic fair, with its profit of \$100,000; hence the homœopathic hospital of Boston; hence the harmonizing of all discord in the homœopathic school of Massachusetts, and the work for the common good; and hence, too, indirectly—nay, *directly*—this "*Boston University School of Medicine*," with Talbot as dean, Woodbury as registrar, and a faculty composed of some of the brightest, bravest and best men of the school in the grand old Commonwealth, to teach the law of cure and fight so-called allopathy and orthodoxy and any and all other forms of bigotry, intolerance and deceit. And be it remembered that if Aladdin's palace *was* swept away in a night, *that* did not happen until the old gentleman whose ways were dark had swindled his folk out of the wonderful lamp to which their fortune was due.

We have the assurance that this new homœopathic college has made a vigorous and satisfactory start, a large number of students—some eighty—being already registered. We wish it an abundant success.

RECENT "ESSAYS."—Our attempt to throw a little ridicule upon the practice, too common with some of our medical journals, of publishing allopathic quack advertisements, seems to have stirred up a whirlwind of words (see Lodge's *Observer* for September), and the Macedonian cry (Acts, XVI, 9,) from Michigan has been responded to from New Jersey in a characteristic composition which comprises at once the nastiness of Rabelais and the dulness of Mark Twain's *Galaxy* failures. This of course was intended to provoke a reply, and nothing would be easier than to furnish chapter second of Dr. Lodge's book of natural history by giving the habitat, &c. of the historical bird which was guilty of defiling its own domicile. But knowing the habits of the writer, we feel bound to take it for granted that, while serving the cause of homœopathy by making provings of

massive doses of some form of brain-muddler and sight-beguiler, he, amongst other symptoms of mental aberration, had visions of strange animals, one in particular being a "yaller dog." Thus we happily escape defiling our pen, and at the same time gaze with charitable eye on the erring.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBT. J. M'CLATCHEY, M.D., SECRETARY.

THE first fall meeting of the Society was held at the college building, September 11th, 1873. Dr. Richard Gardiner was called to the chair. The minutes of last (June) meeting were read and approved.

DR. W. H. BIGLER was proposed for membership by Dr. O. B. Gause, and unanimously elected under a suspension of the rules.

DR. P. DUDLEY made a statement regarding the meeting of the Pennsylvania Homœopathic Medical Society at Harrisburg, on October 1st and 2d. The secretary was appointed chairman of the delegation from the Society, with power to appoint associate delegates.

DR. B. W. JAMES moved, and it was carried, that hereafter papers on medical or scientific subjects be read at 8½ o'clock.

DR. B. W. JAMES, as Scribe, then submitted his usual monthly report, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

How Cold-blooded Animals are affected by Low Temperatures. DOCTOR DÖHNHOFF has been making some experiments on this subject, which he describes in Reichert's Archiv. He put bees, spiders and flies on the frozen ground in his garden, under wire covers, the temperature on the ground being 1½° C. The bees were soon apparently dead; the others still moved after five hours. All were then brought into a warm room. The bees did not revive, but the spiders and flies were in a few seconds lively again. On other days the thermometer stood at 3°. The spiders soon ceased to move, while the flies weakly moved their feet the whole time of exposure, eight hours. In the warm room it was found that the spiders were dead; the flies soon flew about. Next evening, at eight, the thermometer showing 3¾°, flies were put in the garden; at eight, the following morning, the thermometer was 6¼°; the flies were apparently dead, but when brought into the room soon revived.

A few days afterwards the flies were put in a small glass 1½ inches long and half an inch broad. This was sealed and put in a freezing mixture of snow and salt, the thermometer in which showed at first—6½° and after four hours—3½°. The flies kept in the glass all

this time were brought into the room, and soon flew about. They were next subjected to a freezing of 10° , the thermometer in three hours showing 6° ; but this killed them.

Leeches were placed in a temperature of $1\frac{1}{2}^{\circ}$. In an hour they were frozen stiff (but not hard), like pieces of meat which were put beside them. The water in the animals was not all frozen, a concentrated solution (according to physical laws) remaining liquid. If the leeches were cut through with scissors, the section appeared whitish, from ice. Brought into a room, the animals moved about after a quarter of an hour, and, when seized, balled themselves like healthy leeches. Other leeches, kept three hours in a temperature of $1\frac{1}{2}^{\circ}$ afterwards revived, but could no longer crawl, and died in a few days. Leeches kept a few minutes in a cold mixture at $6\frac{1}{4}^{\circ}$ were dead.

Silkworm eggs were exposed on the frozen ground twenty-four hours, the temperature varying from 2° to 1° ; others to a temperature varying from 4° to $2\frac{1}{2}^{\circ}$; others to one varying from $7\frac{1}{2}^{\circ}$ to 6° ; others were placed in a glass, and this in a freezing mixture of 21° , in which they remained five hours, the thermometer at the end of this time showing 15° . The half of each portion of eggs Dr. D. put in small linen-covered flasks, and the flasks in a bag, which he carried on his breast during the day and took into bed with him at night. In a few weeks active worms came out of all the eggs. The other portion of the eggs he had placed in a warm room; some weeks later worms came out of these also.

These experiments show that cold-blooded animals behave like plants with regard to freezing temperature. They die, like these, at different freezing temperatures. The honey-bee dies at 1° ; the spider at 3° ; the flesh-fly survives a temperature of 6° ; the silkworm egg one of 21° . And as there are plants in which the water may be frozen without their dying, there are some animals in which this occurs. In leeches a part of the contained water may be frozen; the silkworm egg may be frozen solid without life being extinguished.

In the spiders and flies exposed to freezing temperature a part of the water was frozen; but as contraction of the muscles still took place in a temperature at which pieces of meat were frozen stiff, it is impossible that their muscles were frozen. The freezing of the water in leeches puts an end to all motion. They were active at 0° but at $1\frac{1}{2}^{\circ}$ were quite still.—*Boston Journal of Chemistry*, Sept., 1873.

FRUITS AS FOOD.—It is rarely that we see a chemical analysis of any of the edible fruits so common in our climate, so that the following extract will prove of interest to some of the members of the Society:

The sugar in the first column indicates both saccharose or "cane sugar," and fructose or "fruit sugar." The acid in the second column is expressed as hydrated malic acid.

COMPOSITION OF FRUITS.

KINDS OF FRUIT.	Sugar.	SOLUBLE MATTERS.						Water.
		Free Acid.	Albumenoid.	Pectine Bodies Gum and Organic Acids in Combination.	Soluble Ash In- gredients.	Total Soluble Matters.	Insoluble Matters.	
Apples.....	6.40	.62	.48	7.04	.29	14.83	3.13	82.04
Apples, another variety.....	7.58	1.04	.22	2.72	.44	12.00	2.96	85.04
Grapes.....	12.18	.91	.75	.36	.37	14.57	3.03	82.40
Cherries.....	10.29	.79	.94	1.83	.65	14.49	6.01	79.50
Pears, sweet red.....	7.47	.04	.25	3.84	.28	11.88	4.63	83.49
Pears, large Holland.....	1.57	.67	.62	8.30	.67	11.83	7.40	80.77
Apricots.....	1.34	.84	.61	7.60	.78	11.17	5.34	83.48
Gooseberries.....	7.12	1.43	1.42	1.18	.38	10.53	3.42	86.21
Currants.....	6.38	2.15	1.50	.15	.59	9.77	5.42	84.81
Strawberries.....	7.57	1.13	.37	.12	.48	9.67	2.86	87.47
Whortleberries.....	5.78	1.34	.79	.56	.86	9.33	13.12	77.55
Plums, blue and black.....	2.13	1.30	.45	4.08	.52	8.48	4.52	87.00
Raspberries, garden.....	4.20	1.23	.60	1.58	.43	8.05	4.58	87.37
Blackberries.....	4.41	1.19	.57	1.44	.41	8.00	5.59	86.41
Raspberries, wild.....	3.60	1.98	.55	1.11	.27	7.51	8.64	83.86
Strawberries, wild.....	3.90	1.49	.59	.10	.67	6.75	6.10	87.55

Judged by the old standard of the amounts of nitrogenous or so-called flesh-forming constituents, fruits occupy a very low position indeed. But according to the view now entertained by our best chemists and physiologists, that the true measure of nutritive value is the force or potential energy of the substance, fruits occupy relatively a much higher position.

Dr. Frankland gives a table showing the actual energies developed by various foods when oxidized in the body.

A sample of apples containing the same proportion of solids as the first one given in the foregoing table, bore the following relations to other foods, taking one pound of wheat flour as a standard :

	lbs.	oz.		lbs.	oz.
Flour, . . .	1	0	Bread, . . .	1	12½
Apples, . . .	5	15½	Potatoes, . . .	3	12½
Veal, lean, . . .	3	4½	Milk, . . .	6	1¾
Beef, lean, . . .	2	11	White of egg, . . .	6	10¾
Ground rice, . . .	1	0½	Carrots, . . .	7	6½
Hard-boiled eggs, . . .	1	11	Cabbages, . . .	9	3¼

Unripe fruits should not be eaten, many of the acids found in the fruits being poisonous. We do not know of any analysis of green fruits, but the following table, which we find in an English journal, shows the changes in pears from ripeness to mellowness, and finally to decay :

	Ripe and fresh.	Kept till mellow.	Kept till brown.
Resinous coloring matter,	0.08	0.01	0.04
Sugar,	6.45	11.52	8.77
Gum,	3.17	2.07	2.62
Lignine,	3.80	2.19	1.85
Albumine,	0.08	0.21	0.23
Metapectic acid,	0.11	0.08	0.61
Lime,	0.03	0.04	
Water,	86.28	83.88	62.72
	<hr/> 100.00	<hr/> 100.00	<hr/> 76.84

It will be noticed that as the pear mellows the sugar increases in amount, chiefly at the expense of the gum and indigestible lignine.

The rotting pear again shows a decrease in all the more important constituents ; the sugar has in part fermented, and gone off as carbonic acid and moisture, there being a loss in weight of about 23 per cent. A sour acid of decay, called metapectic acid, has also been generated.—*Boston Journal of Chemistry*, Sept. 1873.

The Memorial of Dr. David James.

THE hour of nine having arrived, the *Memorial of the late Dr. David James* was read by Dr. Pemberton Dudley. (See page 97.)

DR. JACOB JEANES said the Society was much indebted to the committee, not only for their faithful performance of the duties assigned them, but for the preparation of the beautiful tribute to departed worth they had just listened to. To some it might seem as though the committee had overstated Dr. James' virtues. He begged to assure them that what was said of him was the exact truth. He knew Dr. James well, and he knew him to be just such a man as the memorial stated him to be.

DR. J. C. MORGAN said he desired to correct a statement which had appeared in a former number of the H. M., *viz*, the fact that he, Dr. M. had said he had *heard* of Dr. James' religious character. On the contrary, he knew, of his own personal knowledge, Dr. James' character as a Christian, for a number of years.

DR. McCLATCHEY said that, as a member of the committee to prepare a memorial of the late Dr. James, it would have been a great

pleasure to him to have assisted in depicting the virtues and preserving the memory of so good a man, but that sickness and absence from the city and from all work, had prevented his bearing a part in the preparation of the very beautiful tribute it had afforded the Society so much satisfaction to listen to. He deemed it an act of justice to his colleague, Dr. Dudley, to state that the memorial was the work of his hand alone.

DR. JEANES moved the memorial be accepted, and the editor of the *Hahnemannian Monthly* be requested to publish it. Carried.

CARBOLIC ACID.

DR. KORNDØRFER said he had recently been using carbolic acid in dressing a wound in the abdominal wall in which there was sloughing. It had undoubtedly removed the offensive odor, but he thought it had hardened and prevented the separation of the sloughing skin, which he had to remove with scissors.

DR. B. W. JAMES had frequently used carbolic acid diluted to preserve anatomical specimens. He had often found them hardened by the acid.

DR. KORNDØRFER. The patient just referred to had a punctured wound, extending to the bone. This failed to granulate so long as the carbolated oil was used, but upon filling the opening with sugar, granulation speedily commenced, and within seventy-two hours was on a level with the general surface.

DR. J. C. MORGAN. The points involved in Dr. Korndørf'er's remarks are of considerable importance. If gangrene be not too extensive, granulated white sugar is as perfect a remedy as can be obtained. It has a deodorizing, disinfecting, slightly stimulating, and slightly cauterizing effect; more extensive gangrene may require something more powerful. He agreed with Drs. Korndørf'er and James regarding the property of carbolic acid to harden tissues, but he had not before heard of its interference with the separation of a slough. In promoting granulation one part of carbolic acid added to five parts of oil, with or without sugar, will act well, and does not interfere with internal medication. It is a property of carbolic acid to harden albuminous tissues. This has been taken advantage of in the treatment of epithelioma. He had removed several small epitheliomæ from the lips and hands. Its action is to shrivel up the growth, and it drops off in the condition of a hardened scab. He applies a drop of the acid and allows it to dry, which it does in a few minutes; then another drop is applied, which likewise dries on, when a third application is made. This is repeated again in four or five days, and in fifteen or twenty days the scale comes off. If the lip be the seat of operation, care must be taken to control the flow of the saliva. It is sometimes neces-

sary to poultice the part to hasten the separation of the growth. Subsequent scabs, if necessary, may be brought away by another series of applications. He expected to make the application in a few days to a cancerous growth on the cheek, larger than a shell-bark. In one case, where there was a good sized growth on the hand, he had assisted the separation by means of a horse-hair ligature, applied and gradually tightened.

DR. B. W. JAMES suggested that Dr. Morgan should try the hypodermic injection of carbolic acid into some of these small growths.

DR. MORGAN said there was some danger in making hypodermic injections of any kind, and puncturing cancerous growths was liable to do some harm. The application of the acid to the growth was almost painless,—there being only a slight burning at first which soon subsided.

DR. H. N. MARTIN remembered to have heard Dr. Guernsey, when he attended lectures under that gentleman, tell of having cured a case of cancer of the nose with *Euphrasia*; but he, Dr. M., did not have much faith in *curing* cancers. About eight years ago, a case came into his hands which had been pronounced to be cancer of the nose by several physicians. He gave the man a single dose of *Euphrasia* ^œ and did nothing further; nor did the patient so far as he knew. In the course of three months thereafter it had entirely disappeared and has not returned at this time.

DR. COATES PRESTON, of Chester (who was present by invitation, together with Dr. C. S. Arthur, of that place, both gentlemen having been invited to take part in the discussion), inquired whether the gentleman who had spoken so highly of carbolic acid for cancers regarded the acid as a specific remedy for that form of disease. If so, he would like to know it. He did not know that the cases reported were cases of cancer at all—in fact he doubted that they were cancers,—but if they were, would they not be apt to return?

DR. MORGAN said he wished it to be remembered that he had recommended it for epithelioma only. Its action is to harden the growth and cause it to peel off. When these growths are removed with the knife there is no tendency to a return, unless the adjacent glands are involved prior to the operation. He mentioned the case of a lady patient who had a multitude of tumors on one of her breasts, almost like infiltration, as though the whole gland were undergoing degeneration. He had no doubt but that this was a case of cancerous degeneration. One of the apparent causes of the difficulty was, *pressure* from the whalebones of her corsets. He gave her *Hypericum perforatum*, and in a year's intermitting administration of that remedy, these growths have almost disappeared.

DR. PRESTON. Had these tumors the characteristics of cancer?

DR. MORGAN. Yes sir.

DR. HARRIET J. SARTAIN. Patients complain of a loss of sensation after topical use of carbolic acid. I once spilled a quantity of the acid on my finger, and lost sensation in it for a week.

DR. MORGAN. That property of the acid has been turned to account by some one—Dr. Richardson, of London, perhaps—who uses the acid to induce local anæsthesia, in lancing felons, for instance.

DR. KORNDORFER remembered that the patient he had referred to complained of numbness of the limb to which the carbolic acid had been applied. He had other nervous symptoms, as excitability and wildness, which he had attributed to the acid.

DR. B. W. JAMES had frequently noticed the *numbness* referred to by Dr. Sartain.

The Society then adjourned.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

Semi-Annual Meeting held in Brooklyn, September 9th, 1873.

MORNING SESSION.

THE Homœopathic Medical Society of the State of New York, assembled in the Common Council chamber, in the city of Brooklyn, at 10.30 A.M., on Tuesday, September 9th, the president, Dr. E. D. Jones, of Albany, in the chair. Shortly thereafter Mayor Powell, of Brooklyn, made his appearance, and at 10.40 proceeded to address the meeting, having been introduced by the chairman in a few spirited and welcoming remarks. He congratulated the society upon its progress, thanked them for the distinguished honor done the city by their presence, and briefly and cursorily alluded to the wonderful strides made by the homœopathic school of medicine in the last few years.

The president, Dr. Jones, responded in the following words:

Mr. Mayor: On behalf of the New York State Homœopathic Medical Society, I thank you for the friendly greeting and hospitable welcome you have extended. To me it seems eminently fitting that the representatives of a profession so largely possessing the confidence of this commonwealth should have selected your beautiful city as their place of meeting.

The spires of your many churches, pointing heavenward, constantly reminding us of our responsibility to a Higher Power, should make us feel more acutely those duties and obligations which we have voluntarily assumed.

Trusting that this meeting may prove of value to us all, again, sir, I thank you for our cordial reception and may your many timely ex-

pressions stimulate each of us to greater efforts for the relief of suffering humanity.

PRESIDENT'S ADDRESS.

The president then read the following able address:

Gentlemen of the Society: Through your kindness and consideration it becomes my duty and pleasure to welcome you to this our social gathering.

The executive formalities of our annual meetings have no place here, but mingling in friendly converse we discourse on those subjects we love best. Since the reorganization of our society, it has been customary for us to semi-annually convene for mutual profit and pleasure, and the lively interest and increased attendance which has marked those of the past two years argues well for their future. But these meetings, while they strengthen the bonds of old friendships and cements the ties of new, serve a still higher purpose; the choicest bits of our experience, and the refined thoughts of reflective moments are here interchanged, vivifying and inspiring us with renewed confidence in the principles which we profess. But while the current of thought flows on unrestrained, there are a few channels through which I would divert its course.

We live in an age at once scientific and practical in its character. Scientific culture is assuming a pre-eminent position in the educational system of the day; and through its influence, the inductive process of reasoning is fostered, and the public mind unconsciously trained to look into the nature of things, and to refer every result to a certain cause.

But the sciences do not pursue their progressive journey isolated from each other, they are generally simultaneous in their advance, and their onward march during the present century is no exception to the rule. Now what influence has this scientific bias upon medicine? Medicine has been defined "as a science which has for its aim the promotion of health and the cure of disease." In furthering this aim the aid of all the sciences have been invoked, and their progress must therefore extend the limits of the medical horizon. Therapeutics is, or ought to be regarded as the most essential part of medicine, and for centuries have the disciples of Æsculapius vainly endeavored to elevate this branch of medicine to the dignity of a science, and why? Simply for the reason that they have lacked any well grounded foundation upon which to erect their superstructure. Does homœopathy supply this deficiency? Has our system any claim to be considered a science? Our grand law of similia was arrived at by induction, and we deductively apply it every day of our professional lives. May we not then consider our profession a science as well as an art? But why call your attention to a subject so obvious to you all?

Since legislative action first entitled us to recognition as a distinct school of medicine, the taunts and sneers to which we were subject before that time have given place to a more systematic mode of persecution by opposing interests. To this we have tamely submitted with now and then a defensive stroke. Our position has been that of the besieged; we have acted simply on the defensive. Has the time not arrived when we should change our tactics? Does not the dignity of our profession demand it? We have been too prone to fortify ourselves by citing remarkable cases, and comparing the vast superiority of our own treatment over that of the

so-called regular practice; to raise ourselves by disparaging others. This certainly is not the proper way to maintain a position that stands "on the vantage ground of truth." Upon science have we based our system, let us scientifically defend it.

The question of dose has become an important one in our school; whether we shall administer medicines in high or low potencies, is engrossing the attention of the profession; both have their adherents who are equally strenuous in their opinions. But let us remember that in unity there is strength, and allow each individual the prerogative of selecting that potency which his judgment shall dictate.

There is need of more care in reporting cases, in noting symptoms and the action of the remedy. We ought to more carefully differentiate our medicines. Not by stating the brilliant cures effected by certain medicines, but calmly and deliberately ascertain their true spheres, and denote their action by well-defined characteristics. The rapid increase in the number of our medicines renders this absolutely essential for their utility, and moreover I think it would enhance their value were we to locate their pathological as well as their symptomatic spheres. It is of great moment to our profession that the recent endeavor to establish a National Drug Provers' Association, should receive the encouragement and assistance of us all.

I have thus briefly alluded to a few topics which should receive our careful attention. Let us remember our great responsibility to the profession, and that upon our exertions its future depends.

Who among us does not know that greater success than we have hitherto achieved awaits us? Who, as he reflects upon our past may not feel cause for congratulation, and as we gaze down each opening vista toward the hopeful future, through none is the prospect brighter, fairer, or more absorbing, than the one down whose long expanse we may catch glimpses of the time when our science shall be—

"Above the reach of sacreligious hands,
Whose honors with increase of ages grow,
As streams roll down enlarging as they flow."

The Recording Secretary, Dr. Frank L. Vincent, then read a synopsis of his report to the Executive Committee, stating that in 1871 the Treasurer reported a debt against the State Society of \$451.83, which, like the ruins of Baalbec, stands to this day.

The Secretary suggested that this debt be removed by special contribution, which would, if favorably received, wipe it out and place the Society on a fair financial basis.

Dr. Sumner favored the plan of the ten dollar subscription, and he and others contributed accordingly, reducing the debt to two hundred and thirty-five dollars.

The President thought it would expedite business to appoint a committee to whom should be referred papers to be read before the Society.

Drs. Fiske, Stiles, and Whitney were appointed such committee.

Dr. J. J. Youlin, President of the American Institute of Homœopathy, being present—was introduced and invited to participate in

the proceedings. The invitation was made general, inviting all present who were not accredited delegates or members to take part in the discussions.

Medical Education.

Dr. Gray, of New York, read an elaborate paper on Medical Education, supplementing it with occasional and collateral remarks. Dr. Gray afterward read the "Rules and Regulations of the Regents of the University of New York," in many of the sections of which it was the purpose of his lengthy essay to point out a noticeable accord with the best methods of examination among students. He suggested, in conclusion, that prizes of merit be awarded those students who attain the highest honors. He offered the following resolution, which was unanimously adopted:

Resolved, That the thanks of this Society are hereby tendered to the Regents of the University of this State for the preparation and adoption of a code of rules for the government of the State Board of Medical Examiners, appointed in compliance with the law of 1872.

Emotional Insanity.

Dr. H. R. Stiles presented a paper on "*Emotional Insanity*," prepared by Dr. Samuel Worcester, dilating upon its numerous phases, and instancing the prevalent opinions as to its cause as entertained by eminent students throughout the world. The paper was exceedingly comprehensive and elicited full interest throughout.

Dr. Gray moved that Dr. Stiles be appointed a committee of one for the purpose of disintegrating the able document on insanity by Dr. Worcester, in so far as to present the subject in its separate parts for discussion, which was unanimously carried.

Middletown Insane Asylum.

Doctor Stiles submitted an encouraging oral report of the condition of the Middletown Homœopathic Insane Asylum, of which he is Superintendent, in which, after narrating the numerous obstacles encountered by him upon assuming its charge, he submitted in detail a statement of its advantages in all the various demands that present themselves in the management of insane asylums in general.

He stated that last June the building was in an unfinished condition. Within the past few months progress has been made toward the completion of the first building. They have now a building 175 feet long, four stories high. Yesterday they commenced a new building 195 feet long and three stories high. The new building, when completed, will accommodate from 90 to 115;

possibly more, if crowded; which, however, he does not believe in. They have there an elegantly located farm of 250 acres, and receive their water from the reservoir of Middletown. The building will be lighted by gas manufactured on the premises. He extended an invitation to members of the Society to visit the institution. He would submit the architectural plans of the building in the afternoon.

"No Taxation without Representation."

Dr. W. H. Watson presented the following as having been passed by the American Institute of Homœopathy at its late session at Cleveland, Ohio, supplementing the resolution by somewhat lengthy and patriotic remarks, advocating the claims of homœopathy by reason of its marvellous growth and its wide-spread influence, and protesting against many of the assumptions of the allopathic school of medicine:

Resolved, That homœopathists everywhere should strenuously insist upon the non-violation of the great fundamental American principle of "no taxation without representation" by sectarian monopoly, either of national, State, county, or city institutions, supported by legal assessments, or of those private eleemosynary institutions which derive their support from individual contributions.

Dr. Watson urged the adoption of the resolution, saying that the homœopathists had now become so large a body that they should be treated with exact and impartial justice, and not be pushed aside by the allopathists. It seemed to him that it was their duty, at this time, to create a public sentiment. It is an old saying, that "whom the gods would destroy they first make mad," and this was the condition of the allopathists to-day. There was no better opportunity than the present for homœopathists to take a stand.

The resolution was seconded in a few pertinent remarks by Dr. A. E. Sumner, of Brooklyn, who spoke of some of the abuses sought to be eradicated by the resolution, mildly denounced the proscription of homœopathists from service in the Police Department, and inveighed against the allopathic monopoly of all the municipal and eleemosynary institutions of Brooklyn. It was some comfort, of course, that many of our civic magnates are devotees of homœopathy, and among them he instanced Mayor Powel, and other prominent citizens; but the fact remained that the peculiar claims of the science had been systematically denied. The resolution was adopted.

Homœopathy in New York State.

The Secretary then offered a report on the general condition of Homœopathic Societies throughout the State, prepared by Dr. H. M. Paine, Chairman of the Bureau of Medical Societies and Insti-

tutions. There are in this State twelve hospitals, sixteen dispensaries, one insane asylum, four medical schools, and forty county and local medical societies.

At 12.40 the Society adjourned to accept the hospitality of the Cumberland Street Hospital.

AFTERNOON SESSION.

The Society was called to order at 3 P. M. in the chapel of the Cumberland Street Hospital. The members were cordially tendered an invitation to visit the hospital in a neat and appropriate address by the President of the Board of Trustees, Hon. C. A. Townsend. After partaking of a bountiful collation provided by the officers of the hospital, the Society was called to order by the President, Dr. Jones.

Dr. Vincent, the Secretary, read a biographical sketch of the late Dr. E. B. Cole, of Waterford, written by Dr. B. F. Cornell, of Fort Edward. It was referred to the committee on publication, and ordered to be placed upon the records of the Society.

Dr. Helmuth, of New York read an able and instructive article on the subject of Plastic Surgery. This article elicited discussion in which Drs. Wright, Lord, Brown, Morrill, and Lilienthal participated.

Dr. Lilienthal introduced Dr. Wm. Eggert, of Indianapolis, Indiana, who was cordially greeted by the President, and invited to participate in the discussions of the meeting.

Dr. Houghton, of the Ophthalmic Hospital of New York, invited the members of the Society to visit that institution, and gave a hasty sketch as to its capacity to accommodate patients, its workings, etc., stating that the institution would be able, when completed, to accommodate some 240 patients. He then presented to the Society a treatise on the subject of "*Aural Diseases of Children*," giving the history of several cases which had come under his observation in the course of his practice. This essay elicited remarks from Dr. Searle and others which were very interesting, many cases being referred to by them.

Dr. Lilienthal, of New York, read an exhaustive essay entitled "*Differential Indications of Remedies in Pneumonia, on a Physiological Basis*," giving many illustrations in the course of his readings.

Dr. Brown, of Binghampton, made some remarks upon the subject of the distinctive difference between moral sanity and insanity. In the course of his remarks he made an earnest appeal for temperance, and vigorously assailed the use of tobacco in any shape. Dr. I. S. P. Lord, of Brooklyn, who is a man of advanced years, and whose words should have weight, indorsed the remarks of Dr. Brown, and added an earnest, unanswerable argument in furtherance of the cause of temperance.

Dr. Searle, Chairman of the Committee appointed to draft suitable resolutions relative to the death of Dr. Simeon A. Cook, of Troy, made the following report :

The Homœopathic Medical Society of the State of New York, having heard of the death of Dr. Simeon A. Cook, of Troy, one of its former Vice-Presidents and active members, desires to record its appreciation of his rare talents, his earnest, useful, and, in the highest sense, successful life, as well as its deep regret at his loss, and heartfelt sympathy with his surviving relations.

The report was received and ordered to be placed upon the minutes of the Society.

EVENING SESSION.

A Presentation to Dr. H. M. Paine.

The members of the Society were the guests of the lady managers of the Maternité, at their institution, No. 48 Concord street. A pleasant time was there held over the supper table. When this had been cleared, Hon. W. W. Goodrich was called upon to take the chair, which he did, after expressing his hearty sympathy with homœopathy, and his pleasure in meeting the gentlemen assembled. Congratulatory remarks were then made by the President, Dr. E. Darwin Jones, Dr. H. C. Houghton, and others.

Before the company adjourned, an elegant gold watch and chain were presented to Dr. H. M. Paine, former Secretary of the Society. The presentation speech was made by Dr. W. H. Watson.

Dr. Paine's Response.

Dr. Watson, Mr. President, Ladies and Gentlemen: Deeply impressed with your generosity, overwhelmed with such cordial expressions of approval, and being unconscious of having merited so *timely* a gift, I am unable to find words expressive of the appreciation of your munificence.

A review of the history of the Society during the past fifteen years, brings to mind many interesting incidents, many pleasant experiences. It revives memories of labors in season and out of season, by night and by day. It revolves the living over again in memory the ceaseless watchings and the fearful anxieties connected with the development of our school of practice in the Empire State.

If the thorough system of organization perfected in our State shall stimulate our brethren in other States to put forth efforts in the same direction we shall be pleased. That there is abundant necessity for a far greater amount of effort in the several States is plainly evident. When we realize that our brethren in good and regular standing in Massachusetts are excommunicated, contrary to law, thrust out of the old pharisaical state society, I will not call it allopathic for it was not worthy of the name, simply for entertaining a therapeutical opinion different from that held by a majority of the members of that ancient organization ; when we find also, that a large and flourishing medical school, the medical department of

the University of Michigan, is deprived of the benefits derivable from the establishment of homœopathic professorships in that institution; when we realize that every one of the sixty allopathic medical colleges in this country is denied the exercise of the same privilege; when we realize that every State and county society in this country is placed under the same ban, and by the same power; when we realize that the infamous ruling adopted by the late Commissioner of Pensions, Dr. Van Aernam, was done in willing compliance with this despotic and would be omnipotent power; when we realize that the whole allopathic profession is, as one man, controlled by this power; when we realize that this power, at the present time exercised by the American Medical Association, is despotic in the extreme, and is constantly interfering with the rights of citizenship, and is perpetually doing acts that are, in the language of the Hon. Secretary of the Interior, "subversive of free government"—then, and not till then, can we fully realize the magnitude of the labor to be performed.

I am not now disposed to give advice, nor is this a fitting occasion, but it seemed to me that it is a duty we, as scientists, as members of a liberal and learned profession, owe our professional brethren (for, although they abhor the fellowship, we lose nothing by maintaining a gentlemanly and courteous relation), to present this subject to the American people; to so exhibit this wicked and monstrous position assumed by the allopathic profession, that it will not be tolerated in respectable, enlightened and cultivated society. We must show up its objectionable features, and make them so repulsive that this exhibition of illiberality on the part of the allopathic school will not be tolerated by the American people. Then, when education alone shall constitute the evidence of an honorable and respectable position in the profession as a whole; when every educated physician can meet his fellow as a brother and an equal in position and influence, then indeed will the medical millenium have come.

Having devoted to the promotion of the interests of the Society fifteen of the best years of my life, I desire to become an humble worker in the ranks, and still, to as great an extent as may be consistent with other duties, promote its development and usefulness. Again I thank you for this valuable and highly prized testimonial of your approval, and sincerely express my great appreciation of so elegant and useful a gift.

The watch presented to Dr. Paine is an elegant specimen of workmanship, and is suitably inscribed, as follows:

"Presented by Members of the Homœopathic Medical Society of the State of New York, to HORACE M. PAINE, M. D., in appreciation of his faithful performance of service as its Secretary during ten years. Albany, September 9, 1873."

After having adopted a vote of thanks to the Lady Managers of the Maternité for the bountiful reception, and to the several speakers for their addresses, the Society adjourned to meet in Albany on the second Tuesday in February, 1874.

FRANK L. VINCENT,
Recording Secretary.

THE HAHNEMANNIAN MONTHLY.

Vol. IX. Philadelphia, November, 1873. No. 4.

NOTES ON THE EAR.*

BY H. V. MILLER, M.D.

THE treatment of the various forms of aural catarrh and its resultant deafness, has been hitherto monopolized by the specialist and almost entirely neglected by the general practitioner, yet these complaints are quite as prevalent and usually as amenable to homœopathic treatment as catarrh of any other organ. In the external and middle ear is found an extension of the same mucous membrane as that which forms the lining texture of the naso-pharyngeal passages. Hence catarrh of the latter is very liable to affect the former from contiguity. The physiology, pathology and treatment of aural catarrh do not require much more study than bronchial catarrh. The symptoms of otitis are not unfrequently similar to those of cerebral disease, and little patients are often treated for the latter when the brain is not affected at all but the ear is the seat of mischief. A few simple instruments are all that the general practitioner requires. Besides his watch and stethoscope, he should have a tuning fork, otoscope, reflector, ear-syringe, ear-speculum and an improved drum-inflator. For the sake of convenience, three divisions of the ear are usually made: the external, including the auricle and meatus; the middle, in-

* Among other valuable works, Dr. P. Allen's Treatise on Aural Catarrh was consulted in preparing this paper.

cluding the drum, drum-head, mastoid cells and Eustachian tube, and the internal ear, including the labyrinth.

POLYPI AND CERUMEN.

Polypi sometimes form in the meatus. These may readily be removed by strangulation and they may sometimes be made to fall off by the most appropriate medication. An accumulation of cerumen, when impacted upon the membrana tympani, causes pressure upon its delicate membranes and vessels, and thence upon the ossicles and the labyrinthal fluid. This pressure is liable to produce vomiting and vertigo, as well as obstinate deafness. When the tuning fork is applied to the vertex as a test of deafness caused by obstruction of the meatus or by imperviousness of the Eustachian tube, the sound is always heard louder on the deaf side, because of the impediment to the conduction of sound outward as well as into the tympanum.

The tympanum may be inflated by the Valsalva or the Politzer method. The Valsalva method consists in closing the mouth and nostrils and forcibly exhaling during the act of empty deglutition. Empty deglutition opens the faucial orifice of the Eustachian tube by means of the tensor and levator palati muscles. This permits the forcible introduction of air into the drum. Politzer's inflation bag forces air through the Eustachian tube also during empty deglutition. When there is a considerable accumulation of impacted cerumen, inflation by either method may occasion pain in the ear, but it produces no crackling sound because the obstruction impedes the movements of the membrana tympani. Inspection of this membrane reveals the cause of the deafness. The remedy is an ear-spoon or an injection of tepid water. Previous to the injection, a drop of glycerine may be used to soften the cerumen. Homœopathic remedies may be required to effect a permanent cure by removing the cause.

EUSTACHIAN TUBE.

Occlusion of this tube is a frequent occasion of deafness.

This may result from a common cold, scrofula, measles, scarlatina, etc. Children are more liable to this complaint than adults.

Diagnosis of this occlusion : Deafness to external sounds ; tuning fork applied to vertex is heard more distinctly on the deaf side ; tinnitus aurium and various noises in the ear ; pulsation ; fullness and sensation of weight in the ears and in both sides of the head ; sudden changes in the power of hearing are apt to occur, *e. g.* patient may hear better in dry weather, because in damp weather he takes cold easily, occasioning an increased swelling of the mucous membrane and obstruction of the tube ; there is an undue concavity of the *membrana tympani*, which presents a dull-looking opaque appearance ; the “ cone of light ” is stationary when the tube is impervious, but when the tube is opened by the *Valsalva* or *Politzer* method, the patient experiences a sensation of explosion in the ear by the sudden and forcible outward bending of the drum-head upon which the current of air impinges.

One of the first consequences of an acute aural catarrh is occlusion of the Eustachian tube, from participation of the latter in the nasal and throat affection. After the subsidence of the inflammation the tube is in most cases spontaneously opened. At the height of the inflammation, the ear cannot be safely inflated on account of the great sensitiveness of the tube in such a condition. When both of these methods fail to remedy obstinate cases, catheterism may be successfully employed.

The design of the Eustachian tube is to furnish means of producing a regular and constant interchange of air between the inner and outer ear. This interchange restores the equilibrium in the density of the air. When the tube is impervious, no such interchange occurs and the air remaining in the drum becomes gradually absorbed. Hence the drum-head collapses, being forced inwards by the pressure of the external air. *Politzer's* inflation apparatus is designed to force air into the drum, in order to restore the equilibrium and to expel

the imprisoned mucus and pus accumulated in that cavity. Dr. P. Allen has invented an improved Politzer bag.

Cases of deafness resulting from closure of the Eustachian tube are generally curable by inflation. Sometimes a single inflation will effect a permanent cure. But in some obstinate cases, catheterism is required.

TYMPANUM.

The reflector and ear-speculum are important instruments to aid in the diagnosis of affections of the tympanum. By means of these instruments, the appearance of the drum-head while the drum itself is inflated, is accurately determined.

Some persons cannot hear well unless they give particular attention to the sound. In such cases, according to Dr. P. Allen's physiological explanation, the vigorous and sustained action of the stapedius muscle is required to draw the stapes out of the fenestra ovalis into which it is thrust, and thus relax the membranes of the labyrinth and enable them by their mobility to become impressed with the most delicate vibrations of sound. The action of the stapedius muscle in such cases indicates that the cavity of the tympanum is affected by the disease. This is a voluntary muscle, and is analogous to the ciliary muscle which regulates the form of the crystalline lens in the eye. The latter is also a voluntary muscle.

Other subjects hear ordinary sounds better amid great noises or when riding in the cars or omnibus. According to the same authority, these various noises, conveyed to the auditory nerve, by reflex action serve to stimulate the contraction of the tensor tympani muscle, which belongs to the involuntary group and gives tension to the drum-head, ossicles, and inner membranes, and due pressure upon the labyrinthal fluid. Hence the hearing becomes improved. The continued action of this muscle is not painful and fatiguing like that of the stapedius, because it is supplied by the great sympathetic system. It is analogous to the sphincter muscle of the pupil—the iris. Hearing better in a noise indicates disease of the drum-head, in the immediate vicinity of which this muscle is located.

MEMBRANA TYMPANI.

In a majority of the cases of aural affections, pathological changes are found by inspection to have occurred in this membrane. In health it is externally *concave* except a small convexity called the *umbo* at the center of the concavity. The "cone of light" is caused by the reflection of the umbo. The position of this cone of light is observed to vary with the movements of the drum-head, and hence it is an important diagnostic point.

The healthy *color* of the membrane is neutral grey. In infancy it is a darker grey. In old age it is whiter, lusterless and less translucent. In myringitis (inflammation of the drum-head), this membrane is at first glistening, and then you can observe the blood vessels developed by the inflammation and extending down the malleus handle.

The various troublesome noises in the ear are occasioned by over-tension or laxity of the drum-head, resulting from inflammation or from pressure of the impacted cerumen upon that delicate membrane. An additional source of aggravation in such cases is, closure of the Eustachian tube. Tinnitus aurium seldom occurs after perforation of the drum-head has taken place. Large doses of quinine will also produce tinnitus. Pulsation in the ear results from distension of the arteries supplying the membrana tympani. When perforation or destruction of this membrane has occurred, a good artificial membrane may be made of cotton oiled with glycerine and introduced into the meatus. This will often instantly restore or improve the hearing. It requires changing once in a few days.

MASTOID CELLS.

These cells seem designed to serve as ramifying extensions of the tympanum for the reverberation of sound and for the protection of its membranes from rupture by sudden loud sounds.

As a result of excessive inflammation attended with some dyscrasia, an abscess may form in these cells. This may require lancing, or in extreme cases, even trephining.

CONDUCTING APPARATUS.

The conducting apparatus includes the external and middle ear, Eustachian tube and mastoid cells. This apparatus is at fault when the patient can distinctly hear the tuning fork placed on the vertex but not when held near the ear.

LABYRINTH.

When the tuning fork is indistinctly heard at the vertex, the auditory nerve is for some reason not sensitive to the impression of sounds. Either the nerve itself is implicated in the progress of the disease or there exists an abnormal pressure upon the labyrinthal fluid. The pressure is communicated to this fluid through the fenestra ovalis. Severe forms of deafness are occasioned by this pressure and by the thickening of the mucous membrane of the tympanum and of the fenestra ovalis and fenestra rotunda.

AURAL CATARRH AND OTITIS.

Rheumatic and gouty subjects are predisposed to such attacks. These complaints often result from an ordinary cold, scrofulous taint, exanthematous fevers, etc. Usually the nasal and pharyngeal passages are affected, and thence the disease extends through the Eustachian tube to the tympanum, membrana tympani, mastoid cells, etc. In such cases there is more or less swelling and inflammation of the mucous membranes of these organs and discharge of mucus or pus.

Symptoms: Temporary deafness; tinnitus aurium; pink injection of the external meatus; a bundle of vessels is seen running along in the direction of the manubrium, afterwards the whole surface of the membrana tympani may become injected; sore throat; stuffing of the nostrils, etc. When there is a high grade of inflammation, auscultation by stethoscope, otoscope or the unaided ear, detects moist sounds, the tympanum being at the same time inflated. These moist sounds are indicative of excessive secretion. The acts of coughing, sneezing and blowing the nose are painful, since air is thus forcibly driven into the drum, through the inflated Eustachian

tube. The patient's own voice reverberates. On account of obstruction of the auditory meatus and of the Eustachian tube, the tuning fork placed at the vertex is heard more distinctly and longer than ordinarily. The mucous surfaces of the Eustachian tube are glued together. Unless the inflammation be excessive, the walls of the tympanum are not much thickened and there is no great degree of pressure upon the fenestræ resulting. But a high degree of inflammation in the tympanum results in considerable thickening of the mucous membrane, narrowing of the calibre, the formation of purulent or muco-purulent matter, convexity of the drum-head, impaction of the stapes in the fenestra ovalis and pressure of the ossicles upon the labyrinthal fluid, causing extreme deafness. There is little or no perception of sound transmitted through the cranial bones. The stapedius and tensor tympani muscles, which regulate the perception of sound, are also implicated in the disease and hence more or less limited in their action. Rolling of the head from side to side in children is often a symptom of otitis instead of cerebral disease. Also sudden paroxysms of pain in the ear with loud, shrill cries, and pain increased by the least movement.

Treatment. For acute aural catarrh, the moist heat of steaming may be applied. Or, better still, fill the meatus with water as hot as it can be born, allowing it to remain five to ten minutes each time.

Dr. P. Allen justly observes: "Narcotics always destroy the appetite for food and the patient needs nourishment to repair breaches of structure and hasten absorption of effused fluids—the products of inflammation." Hence he deprecates the use of such drugs except in severe cases. In such emergencies, the old school are obliged also to resort to leeching and local depletion, because they are unacquainted with the specific virtues of Acon., Bellad., Pulsat., etc. The judicious employment of homœopathic remedies in such cases, will supersede the use of narcotics and irritating lotions for the various diseases of the internal ear.

CHRONIC NASAL CATARRH.

BY MAHLON PRESTON, M.D.

(Read before the Hom. Med. Soc. of Chester, Delaware and Montgomery Cos., Pa.)

I DESIRE to present a few thoughts on the local treatment of nasal catarrh, for the purpose of directing attention to some points suggested especially by an impression which seems to prevail with some authorities in the homœopathic ranks, as to the value and necessity of adjuncts to dynamized medicines in this disease. It is urged that these measures are of the highest importance for hygienic purposes, being requisite for the maintenance of cleanliness and the free action of the parts, for the removal of obstructions which are liable constantly to occur in the nasal passages, and which not unfrequently occlude them altogether, thereby preventing free respiration and producing pain.

Besides these suggestions, the advocates of the topical method placed their case on higher ground, which, it is proposed, will make it comport more exactly with homœopathic principles, viz: dynamized medicines are locally applied to the diseased parts, and instruments are devised to convey the potencies, either liquid or in trituration, to the remoter diseased localities.

The propagation of these views is to be accredited for the most part to specialists and surgeons, who most naturally should be qualified to speak *ex cathedra* on subjects pertaining to their spheres of practice; but they are a class of practitioners whose observations are necessarily often at fault, from the transient knowledge they have of patients and a consequent want of ability to notice the full course and termination of these diseases. Nevertheless, the general plausibility of the foregoing propositions would not be questioned (a portion may even merit unqualified sanction), and it would be unjust to dissent from the experience of any one, or in fact from that of a considerable number of physicians, that the purely hygienic use of the "douche," for example, may not in many

cases be useful and even necessary to a speedy progress with a catarrh. But to the general acceptance of topical treatment for this and kindred diseases, such as leucorrhœa, otorrhœa, ophthalmia, gonorrhœa, etc., either as an adjunct to the action of homœopathic medicines or as a substitute for them, I do not feel inclined to give assent.

As far as the use of the douche is concerned, even for what may be termed hygienic considerations, it is, according to my experience, a useless and often a pernicious instrument, and is productive of far more injury than it is capable of preventing or ameliorating. The few cases in which I have permitted its use,—and among them were some which presented a considerable degree of severity—the progress made in comparison with such cases as were treated with internal remedies alone was unfavorable both in rapidity and permanence.

Having had the fortune to treat some twenty-five or thirty cases of chronic nasal catarrh during the past winter, I have permitted the use of the douche for cleansing and relieving the nares and nasal fossæ of indurated masses, in several cases, and am able to declare very decidedly that the unaided action of homœopathic remedies did more for the cases in which they were used alone, than was effected in those in which the use of the douche was permitted as an accessory. I have consequently dispensed with its use entirely, and have found *Calc. carb.*^{2c} to ^{85m}, *Carb. veg.*^{2c} to ^{3m}, *Sulphur*^{2c} to ^{110m}, *Hepar sulph.*^{2c} to ^{3m}, *Sepia*^{6m} to ^{55m}, *Nitr. ac.*^{2c} to ^{5m}, *Merc. sol.*^{2c} to ^{6m}, *Merc. viv.*^{2c} to ^{4m}, *Lycop.*^{2c} to ^{43m}, to effect as favorable results as could be desired, the elimination of discharges included.

Such success has attended the use of these remedies internally administered that there has been little or no discouragement manifested by the patients. On the contrary, several have been quite enthusiastic over the rapid effect and consequent relief obtained. I am of opinion that the use of the douche and of lotions prevents the healing process by inducing an increased state of irritation; a consequence of the violence done to the surfaces over which the liquids are forced. It is

apt to induce sneezing, which constantly renews the cause by producing an extension of the catarrhal inflammation; is liable to produce abrasion of the surfaces and bleeding, and this I hold is the greatest objection, forcing as it does from the ulcerated surfaces their natural coverings, which coverings are of greatest use to insure speedy resolution.

With these experiences and the opinions drawn therefrom, it is hardly possible to take different ground on this point; but it may be more difficult to dissent from the seemingly plausible doctrine of those proposing to make topical use of medicines, and to apply them according to the homœopathic plan; yet the proposition seems to me so practically absurd that I shall endeavor to point out wherein it would fall short of its object.

Of the modes of administering medicines, that peculiarly homœopathic in its origin, known as "olfaction" or smelling, would seem from its close relation to the seat of this disease to be the mode best suited to the purpose of the advocates of this method. Such however is not the case. It has been deemed essential to secure a conveyance more certain to bring the infinitesimal particles into contact with the remoter points of disease than "the breath of life" through the nasal channels would be likely to do.

Though it is hardly apparent that Hahnemann habitually and regularly practiced the method of olfaction, there is abundant evidence of its sufficiency and efficaciousness where the medicine was properly selected and homœopathic to the case. It is also clear that inhalation of air impregnated with infinitesimal drug particles would be able to reach by direct contact or by conveyance through the circulation any point accessible to catarrhal or other disease; but wherein the process of blowing or injection would be more capable of reaching the remoter recesses of diseased action is not so clear, nor is it patent how this modern plan can be more homœopathic than the ancient one.

The tubes, douches, spray injectors, etc. of Dr. Füllgraff,

exhibited at the American Institute of Homœopathy, bear a striking likeness to allopathic materialism, yet the ingenuity of their construction will bring them no doubt into the possession of many. The specialists will perhaps ride this hobby till the next improvement shall arise.

I am of opinion that the curative effect of a medicine cannot be thoroughly depended upon except it be administered through the same channel by which it was originally proven; and especially is this so when the medicine is required to effect its action through the medium of the circulation; and as it is very probable that all the slowly developed action of our drugs are effected in this manner, it would not be prudent to apply a medicine directly to a diseased surface, with the expectation of obtaining that same prompt and efficient action as though it were applied through the same channel by which it was proven when its physiological effects were made manifest. If there be anything in this surmise, which is simply an analogy to the principle of science "like causes produce like effects," under the same circumstances it would not be the height of wisdom to anticipate the same curative result from dynamized *Nitr. acid*, *Arsenicum*, or *Aralia racemosa* by administering them topically to the supposed diseased portion of the nasal mucous membrane to which their pathogenetic sphere induces us to assign their action, any more than it would be logical to reason out a cure for leucorrhœa by the injection of attenuated *Sepia* into the vagina in cases exhibiting the symptoms characteristic of that medicine.

The topical method of treating nasal catarrh, is simply the old allopathic assumption that, because a certain disease got well during the use of a certain remedy therefore that remedy is a specific for that disease. It holds good, therefore, only as a delusion, and those who go out of their road to practice it will assuredly doom themselves to disappointment. An apparent amelioration or metastasis of the disease may indeed be the result; but this can afford the practitioner but little satis-

faction, and if he be conscientious it must cause him eventually to despise his ability and lose respect for his calling.

Of the accessory treatment, olfaction, which might be stretched so as to include what comes under the head of inhalation, is the only mode offered as accessory which seems to possess any merit; it is a mode of administration which appears to have been practiced in the case of peculiarly sensitive constitutions and in cases where an immediate and mostly an ameliorative effect has been required. I believe those practicing it have claimed little more. Inhalation has been evidently substituted as an improvement on this plan, has been engrafted on it as a germ, but it has now grown to such proportions that it ridicules its origin. It is a mode of treatment which aims at the destruction of a pathological condition without considering or consulting in the slightest manner the modification of that healthy action which preceded and produced the diseased condition; one which ignores in toto the Hahnemannian idea of disease, and is therefore incompatible with homœopathic practice.

Dynamic medicine has one general avenue through which its action can be made abundantly manifest, and that avenue is by the mouth. So often successful in this course, and with such a broad field before us through which its merits are yet to be expanded, it is a grave fault to turn aside the propulsive force by which the development is being carried on, or to allow it to expend its vigor on a doubtful enterprise.

SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

Double Divergent Strabismus. B. F. Wickersham, æt. 18, from West Chester, Pa., presented himself Aug. 19th, 1873, with double divergent squint, with the statement that he had been affected with marked divergent squint since early childhood, both eyes being greatly turned in, and that the cause was

probably congenital as his brother was similarly affected. Several months since he was advised to have an operation performed on both eyes, which was done at that time, the result putting him in a worse condition,—for now his eyes are turned greatly outward, causing annoying double vision and making him an object of general remark. There being deficient power of inversion, I proposed and advised as the usual remedy that the tendon of the internal rectus should be cut and transplanted forwards, when the external rectus was divided; but he was unwilling to submit to any further operative interference. Measured with Snellen's type, vision in each eye was normal for distance and near point. By examination I found that on looking at a gas flame six feet away, with a blue glass held before the right eye, he sees the blue flame to his left hand, ten inches from the white light and two inches below a horizontal; the distance between the flames increasing as he recedes from the light and vice versa. With a colored glass held before the left eye he sees the opposite condition of things, the colored flame is to his right ten inches and above two inches. After repeated trials, a plane prism of four degrees, with its base inclined inwards and downwards thirty degrees from the horizontal meridian, was found to correct the inversion of the right eye, and a prism of seven degrees, with its base directly inwards, was the glass suitable for the left eye. After using, for a while, glasses from my trial case, and finding that the images were fused thereby, I had a pair made at Queen's according to the above formula, which he is now wearing, correcting his diplopia or lateral crossed separation. This bears a striking resemblance to those cases of asthenopia due simply to muscular weakness of the internal recti, where the resulting double vision is caused by diminished convergence, but may be distinguished by trying the eyes separately, covering or shading one eye with the hand while the other observes a near object. In asthenopia from deficient power of the internal rectus, the shaded eye turns out, but resumes its place when the hand is withdrawn. When the double vision

and want of convergence is caused by the insertion of the internal rectus too far back, the result of a badly performed operation for squint, this does not take place.

External Perineal Urethrotomy. May 28th, 1873, assisted by Dr. J. A. Bullard, I performed this operation on John Darragh, æt. 54. He had been under my treatment for several months previously for urinary fistulæ, of which there were three on the left side, the largest opening just in front of the perineum at the root of the scrotum, one in the scrotum half way up, and another in the inguinal region. Urine trickled insensibly through all these outlets, and but very little by the penis on a forced effort, after having been on his back for some time.

The first cause of this was gonorrhœa, contracted nearly thirty years ago. He had been treated by the usual method of injections, and when permanent stricture was eventually developed at the membranous portion of the urethra, bougies and catheters were used with such force as to produce rupture of the urethra, perineal abscess and consequent extravasation of urine, and incisions which ultimately became fistulæ. During a period of some weeks I tried often and patiently to introduce a small instrument which might serve as a guide to the performance of Symes' operation, but failed. The stricture was impervious, the bougie reaching no further than the bulb, and the urethra having been for a long time in a state of disorganization. Aside from this, urethral fever was so violent after these attempts that I was compelled to abandon them. The man's health was slowly but surely giving way, and as I saw no other means of his getting better, he was chloroformed, and, introducing a number twelve sound down to the seat of stricture, anterior to the bulb, depressing the handle towards the abdomen to make its extremity prominent, I made a straight incision of one and a quarter inches from the point of the instrument towards the anus, dividing the skin, superficial and deep fascia. I opened the urethra just in front of the instrument, and made an ineffectual attempt to discover the route to the bladder by

which to introduce a director. As a guide, and with the left forefinger in the rectum touching the apex of the prostate, an opening was made into the bladder, one inch in length, on a line between the perineal incision and the point of my finger in the rectum. After which my finger entered and freely explored the bladder; Dr. Bullard doing the same after me. A number eighteen metallic sound was introduced by way of the penis to indicate that the route was clear, but no catheter was retained. When hæmorrhage had ceased the fistulous tracks were incised to provoke adhesions. The man was placed in bed, with extremities flexed, wrapped in blankets and given Arsenic^{2c}, in water, every hour, in anticipation of urethral chills. After reaction his chills and fever were violent but did not recur. For a week his urine was caught on a folded linen sheet placed beneath him; neither catheter nor bougie being used. I have learnt that if used too soon after the operation, constitutional symptoms are sure to be set up. At that time all the urine dribbled through the cut. After the third week, I occasionally introduced a large instrument to prevent the urethra from closing near the cut. The fistulæ have now healed up and about one-half his urine passes through the perineal incision; the rest by the penis.

In this desperate case the result was better than I anticipated, my original object being to establish a permanent urinary fistula to take the place of the diseased urethra and the three exisisting fistulæ which threatened to increase in number.

BRITISH HOMŒOPATHIC CONGRESS.

THE annual congress of British homœopaths was held at Leamington, on Thursday, September 11th, under the presidency of Dr. SHARP, F. R. S. A large number of physicians were present. From the very full report of the proceedings in the *Monthly Homœopathic Review* and *Homœopathic World*, we extract the following paper on *Phthisis*, by Dr. Herbert Nankivell, and the discussion which that paper elicited.

In a future issue of this journal will be presented other matters which came under the notice of the Congress.

ON SOME FORMS OF PHTHISIS PULMONALIS AND THEIR SPECIAL TREATMENT.

By Dr. Herbert Nankivell.

The author said he should endeavor to lay before the Congress as succinctly as might be the chief points of practical importance in relation to phthisis pulmonalis, which had been brought to the front, he could not say settled, by the recent investigations of German and English pathologists, and he should also endeavor to indicate the importance of these views in their bearing on the prognosis and treatment, whether specific or hygienic, of the scourge of our race, consumption. He proposed first to discuss the etiology and relationship of non-tubercular and tubercular phthisis. To guard these terms from being misunderstood, he explained that he meant by the first term that form of phthisis which is primarily not tubercular, but arises from an inflammatory process set up by the presence of some other exciting cause than tubercle; and, by the second term he indicated that form of phthisis which is, to all appearance, of primary tubercular origin or which is developed as a secondary complication in the course of a previously pneumonic phthisis.

Under the head of non-tubercular phthisis he remarked that, in a very large proportion of the cases recognized as "pulmonary phthisis," the true starting point was catarrhal pneumonia. Granted, a certain amount of chronicity to this morbid process, and the patient passed almost imperceptibly from incipient phthisis to the true first stage. Catarrhal pneumonia might be set up by bronchitis affecting the smaller bronchi, a small bronchus becoming plugged by the tough phlegm inducing splenization of the alveoli; or by an acute attack of hæmoptysis, or by hyperæmia of the lungs from over exertion, or by the presence of foreign bodies in the lungs, such as coal, iron, or saw dust. Thus one or more lobules being obstructed, and the lung-tissue becomes devitalized; this is the border land between incipient and established phthisis, and the true limit of the absolute curability of phthisis. It was possible at this stage for the secretion to be partly got rid of, either by absorption, or by expectoration, in which case the lung gradually resumed its normal condition. On the other hand, caseous degeneration might ensue, and de-

struction of the air-cells follow. But it was frequently the case that, simultaneously with the process of caseation a conservative action was set up, by which the patient's life was saved. The seat of this action was in peribronchial and perivascular fibrous tissues, and there arose a tendency to cure by induration. The doctor then referred to the softening process, and, as an illustration of the chronicity sometimes obtaining in this stage, cited a case treated by him four years ago at Bournemouth. Both apices were undergoing the process of softening, and had been in a similar state for six or eight years; occasionally small abscesses formed and burst, but no permanent cavity had been formed. When last he heard of the patient he was enjoying fair health at the Cape. The tendency of softening towards the formation of a cavity was next spoken of, and the possibility of a cure by cicatrization pointed out. The reader then went on to deal with proper tubercular phthisis, *i. e.*, destruction of lung tissue, accompanied with the deposition of what is commonly known as acute miliary tuberculosis—and in the course of his paper described the process of deposition, and the course of the disease in "acute," "chronic," and "interrupted" cases. In illustration of the interrupted deposit of tubercle, the following case was given: a lady of 18, who had lost a sister by phthisis, and within a short period of the death fell ill, and had a suspicious cough, for which she was sent to the south. When first seen she had a dullness under the right clavicle of a decided character, the extent of which steadily increased for the space of six weeks. At several points there was a manifest tendency towards softening, expectoration occurring, and coarse clicks being heard here and there. At that time, however, the general health began to improve, flesh was put on, and in two months the signs of softening disappeared, and the disease became quiescent. This took place in 1870, and though the lady was still an invalid, the disease had not resumed its activity.

As aids to an accurate differential diagnosis, which was always important, the following rules were laid down: 1. In the first place the family history would show a tendency or otherwise to the development of phthisis; and if that tendency was strong, it would favor the probability of the lesion being tubercular, or being likely soon to become so. 2. The pre-occurrence of enlarged and suppurating glands would also favor the probability of the phthisis being tubercular. 3. A

careful inquiry into the origin of the attack should always be made, and if no distinct trace could be found of any of the causes of non-tubercular phthisis, then there was a strong probability of its being the more serious lesion. 4. The tone and ring of the voice should also be carefully noted. In non-tubercular cases the voice was often unaltered. 5. A careful comparison between the general symptoms on the one hand, and the physical lesions on the other would also assist in determining the character of the disease. If a patient complained of loss of strength, shortness of breath on the slightest exertion; pulse running at 100, and temperature rising to 102; and if the stethoscope revealed only very slight dulness of one, or both apices, with a slight clicking or crumpling sound to be heard, with forced respiration, the case was probably tubercular. If, on the other hand, a fair ratio was maintained between the two classes of symptoms, and physical examination detected considerable dulness, coarse crepitation in abundance, or possibly a cavity of some size, they would be justified in regarding it as a non-tubercular case. As to prognosis, the doctor remarked that it was intimately connected with the diagnosis, and generally it might be taken that in the non-tubercular class recovery frequently occurred in all stages—either by resolution, induration, or cicatrization. In the tubercular class, the chance of recovery was much less, the recovery not so complete, and by no means so lasting; it was, in fact, rather an arrestment than a cure.

Turning to the therapeutics of the question, Dr. Nankivell claimed for *Arsen.*, especially in the form of the *Iodide*, a first place in the list of remedies. It was worth a trial in all cases, particularly in pneumonic phthisis, where bronchial symptoms had been predominant, whether incipient or advanced. Of eleven cases treated with *Arsen.*, eight had been cured, of which one was in the incipient stage, two were in the first stage, four were in the second stage, and one was in the third stage. Two of the remaining three he had no report of, and the last was still in precarious health. The exhibition of *Lime* had not been used with such marked advantage; in the form of the *Phosphate* there was a marked benefit in two cases. The *Iodide of Lime* was of great benefit in the second stage, where there were abundant moist râles, and excessive secretion from cavities. In all cases where the exhibition of *Lime* was attended with success, the absence of emaciation was a marked feature. *Iodine* he had seldom used, except as

an alternation with its compounds of *Arsenic* or *Lime*. It was particularly indicated in cases of wasting. *Lycop.* he regarded as an uncertain and temporary remedy. Of *Sulphur* he had no high estimation, and questioned whether it was admissible at all in the lower preparations. The fever accompanying an intercurrent attack of catarrhal pneumonia did not always yield to *Acon.* which should never be pressed beyond thirty-six hours. *Bryon.* was a much more valuable remedy, less depressing, and more in relation with the morbid process. He also pointed out the sphere of usefulness of *Ferri acet.* *Acid gall.*, *Secal.*, *Strych. nitr.*, and *Ant. tart.*, the latter being peculiarly serviceable when there is much dyspnœa in the night.

In the latter division of his paper, Dr. Nankivell said that as regarded the *diet* of consumptive patients, he ordered meat three times a day, a glass of warm milk, with or without rum, before rising in the morning, milk with egg at about eleven A.M., and milk again at supper time. Of special foods cod-liver-oil was by far the most valuable, and should be given in full doses; the "iodized" oil is often easily taken and digested. Pancreatic emulsion, he had not frequently used; most patients find the oil less distasteful. The English extract of malt is a valuable adjunct, and supplies fat-forming material in a palatable and unstimulant manner. Stimulants should be given, if at all, with great discrimination. Malt liquors are preferable to wine or spirits; but if they flush the face or raise the pulse, they must be firmly withheld, whatever instinctive craving for them there may be. As to exercise, the one golden rule is "Never get out of breath;" "Never get really fatigued." Unless these two rules are strictly kept, even to the letter, it were almost as well the patient never stepped out of a bath-chair. Whenever softening is going on, or there are recurrent hæmorrhagic attacks, even gentle walking on the level must be *carefully* indulged in. If we consider the physiology of the pulmonary circulation, the necessity of these rules becomes self-evident. Lung-exercise should be taken twice a day while sitting quietly, by drawing a succession of deep inspirations through the nostrils. The effect of this practice on debilitated lungs is remarkable. As to rest, pyrexia is always an indication for rest, both of the general and pulmonary systems; but rest is also especially indicated when softening is in progress of an active character or when recurrent hemorrhages from whatever cause are present. Care-

fully decide that the amount of febrile action is dependent on certain active changes in the lung, and not on the general wasting, and then order the necessary rest, and see that it is carried out, even if it necessitate a week in bed. As to air, this should not be taken till two hours after sun-rise, or after one hour before sun-set, either in summer or winter. Still, dry, cold air is decidedly preferable to warm moist air. In conclusion, Dr. Nankivell said, "I should like to have spoken of clothing, baths, inunctions, mineral waters, and health resorts; but I have already transgressed the limit imposed on me, and will conclude this already too long paper by recording my increasing conviction that phthisis is daily passing more within the domain of therapeutics, and that if we take up the cases in their earlier stages and seriously treat them, a very large portion of success will attend our well-directed efforts." *Homœopathic World.*

DISCUSSION.

THE reading of Dr. Nankivell's paper was followed by an interesting discussion, which we are enabled to report in full, through the polite attention of Alfred C. Pope, Esq., one of the editors of the *Monthly Homœopathic Review*.

THE PRESIDENT said he should be glad to hear anything any one had to say upon the subject of phthisis. He thought the meaning of the term ought first to be settled. In his early days they were for a long time taught to apply the term "phthisis" strictly and exclusively to tubercular disease. It was a good thing to have a good definition to a word, and to retain the word in its proper sense. Of late years that rule has been broken through, and they now had—and it was acknowledged by the College of Physicians in their nomenclature of disease—two kinds of phthisis. They had tubercular phthisis, the old and real "consumption," and which was intended to be meant when they used the word "phthisis" a great many years ago; and they had also pneumonic or non-tubercular phthisis—inflammation of the lungs of an ordinary kind, but causing death. It was of course permissible to extend the meaning of the word, and they could extend the meaning of phthisis if they thought proper; but it was also necessary, if the meaning of the word was extended, to know why and to what the extensions should apply. He therefore hoped the speakers would give the best reasons which could be produced why pneumonia, causing death, should be included in the term phthisis in addition to the old tubercular disease which for a great many years assumed to itself the title of phthisis.

DR. DRYSDALE, who was very indistinctly heard, spoke in eulogy

of Dr. Nankivell's paper, and of the treatment that gentleman had adopted. He hoped that before long they would be able to add a number more medicines which might be used with benefit. With respect to the term *phthisis* it appeared to have been originally applied to diseases of the chest, and subsequent discoveries have shown that many diseases of a non-tubercular kind were included in it.

DR. GIBBS BLAKE said his idea was that the term "*phthisis*" originally applied to any feverish wasting disease, so that they might even have abdominal *phthisis*. During the last generation, however, the term had been narrowed. With regard to the treatment of "*phthisis*" he thought it would have been interesting to have heard the results of Dr. Nankivell's observations as to the influence of climate, but that gentleman had been obliged to curtail his paper on account of time. He (Dr. Blake) had seen very good results during the past year from the treatment of *phthisis* at Davos. Many German and Dutch patients were sent to that place. The patients sat out of doors several hours a day all through the winter. It was a high valley with scarcely any wind and a low temperature. When he went there he met a young German friend who had been very much benefitted by his winter stay. He had also an interesting conversation with the local physician, who told him that numbers of persons went to Amsterdam and other places and contracted lung disease, but they came back to that high valley, and though the disease was often in an advanced stage scarcely one of them failed to recover. Lung disease originating in the valley was quite unknown. The effects of climate upon lung disease at an elevation of something like 6,000 feet above the level of the sea was in this case very beneficial indeed. He thought that in Davos they had a place very favorable for the treatment of lung disease; but the patients sent there must not be in a very advanced stage, or they would not be able to bear the journey. With reference to non-tubercular *phthisis* he might mention that in a case of heart disease where extensive hæmorrhage had taken place from the lung, he had seen lung disease very closely resembling the tubercular form of *phthisis* set up apparently by the clots of blood which remained in the bronchial tubes after the hæmorrhage. A case of this kind, very recently under his notice, was characterized by continued elevation of temperature, with pulse, cough, and expectoration in every respect resembling many of the cases of tubercular *phthisis* which Dr. Nankivell had referred to. He could bear testimony to that gentleman's view of the matter, that such cases of disease were much more favorable in their prognosis than cases of tubercular disease.

DR. HAYWARD said that, in reference to the paper of Dr. Nanki-

vell, he was only speaking the sentiments of all present when he said that he had listened to it with interest and satisfaction. He did not know whether Dr. Nankivell had noticed the aggravation of tubercular disease at the time of menstruation. He himself had noticed such aggravation in many cases. With respect to the use of gallic acid he thought that as homœopaths, they were quite justified in a severe attack of pulmonary hæmorrhage in using gallic acid. He was in the habit of using it himself in the first decimal trituration, two grains for a dose, till the hæmorrhage ceased. He had thereby gained time and rest from the hæmorrhage which enabled him to treat the case systematically.

DR. HALE, speaking of the Engadin Valley, said a medical gentleman there informed him that no person displaying symptoms of phthisis ever went there without the disease being arrested. This was a very remarkable fact, and led him to try how it would be if the disease was in a more advanced stage. He advised one of his patients to try it, and if he found himself getting worse to return. The result was a perfect recovery. The patient passed the first winter there, and five subsequent winters, and had gained a complete restoration to health. The place possessed in summer a hyperborean climate, and in winter there was perfect stillness and dryness, which with the excessive purity and stimulating character of the air, had a wonderful effect. With regard to the etiology of phthisis he wished they could all derive from the paper which had been read the same assurance that Dr. Nankivell seemed to possess. He thought any gentleman who had read the discussion by the Pathological Society would be very careful in coming to any positive conclusion in the present state of their knowledge.

DR. SMART said a question arose in his mind as to whether the cases mentioned as recovering from the climate at Davos were truly cases of phthisis. There is another condition of the lung, a sort of congestion which took place in such countries as Holland, which, they must remember, was not a country of consumption. There was a great deal of venous congestion which would no doubt be benefited by the climate of the place mentioned; but he doubted whether it would be any good sending a true tubercular case there.

DR. DRURY said that mistakes were frequently made in pronouncing patients to be suffering from phthisis. If, however, they could discriminate further they would be able to select their remedies with much greater advantage. Some years ago Dr. Hastings recommended naphtha in phthisis, and at the time it had a great run; but it was pronounced a failure. He believed that in pronouncing it a failure and casting it aside great injustice was done, because naphtha was a good remedy in non-tubercular cases, which were apparently

tubercular phthisis, but not so in reality. Dr. Nankivell had mentioned a number of remedies, some of which were new to him—that was to say, new to his every-day practice, for each one of them had a particular class of remedies which they were apt to run upon. He had one in particular for cases of hæmorrhage and phthisis, and that was *Ledum*. He could endorse what Dr. Nankivell had said of it. He had also found ether a useful medicine. With regard to sending patients to St. Moritz, he should advise that all patients who went there should go to the *Kurhaus* and not to the village, as the smell was something terrific, equalling what Coleridge wrote of Cologne. He might mention that all they now heard about the benefit of such places was said equally as strongly of Madeira some years ago. Nothing could exceed the praise given of that place, especially by Dr. Wild in his book published about 1839.

Dr. GIBBS BLAKE said the place which he was advocating—Davos—was an open valley, sheltered on every side in such a way that there was really no draught in it. In summer there was a slight wind, which began to blow at ten in the morning and continued till twelve, during which time patients were not allowed to go out. He quite agreed that the patients should go to the *Kurhaus*, or at any rate should be under care.

Dr. CRAIG (Scarboro') said that when a young man he was threatened with tubercular phthisis and, under the advice of the late Professor Allison, was sent to the Arctic Circle. He went there a tall lad who had commenced spitting blood, but returned robust and without any symptoms of disease. There was another class of cases of non-tubercular lung disease which was benefitted by a long sea voyage to the South. He had sent several of such patients to San Francisco in California, and wonderful was the benefit they had received. If the disease was distinctly tubercular he recommended that the patient should be sent to spend the winter in Canada; but if there was an evident catarrhal condition a voyage to Southern California was the best thing. It was important to distinguish tubercular disease, so that they might send these patients to a cold climate such as that of Canada or an Alpine valley, while they sent catarrhal cases to a southern climate. With regard to medicines he might mention that he had found iodide of potassium and Sanguinaria useful in catarrhal conditions.

Mr. POPE said it appeared to him that the change which had taken place in the use of the word phthisis was an indication of the greater minuteness with which diseases were now examined, and the greater amount of individualization with which cases were attended to. "Phthisis pulmonum" in past days covered a large,

number of different diseases. These had been now carefully sifted, and their leading features could be sufficiently well described to enable them to recognize them when they saw them at the bedside or in the study. Such a power could not fail to be of great value and importance to them in the selection of medicines. They were no longer called upon to prescribe one medicine for all cases of phthisis, but they looked upon each case as one of a large family of lung diseases. At the same time there was no doubt that this sifting of phthisis was so comparatively recent, and that the papers that had been written upon it were so comparatively little known, that the circumstance mentioned by Dr. Drury of people going to consult a physician and being simply told they had phthisis in a routine sort of way, was inevitable at present. As the works of Cohnheim, Wilson Fox, Niemeyer and others became better known, and such papers as that they had all listened to with so much pleasure became more generally read, these consultations would be more satisfactory, alike as to diagnosis, prognosis and treatment. With regard to the iodide of arsenic, which Dr. Nankivell had mentioned as a particularly useful remedy, he could fully endorse the estimate which that gentleman had made of its value. He (Mr. Pope) had used it in five or six cases and had been very much surprised by the results. They had only to select the right sort of case, and he believed the remedy would be found effectual; at the same time they were apt to be very much struck with the success which followed the use of some one medicine, and to get into a sort of routine way of prescribing it in every case; and if they fell into that mistake in the present instance, iodide of arsenic might receive the same fate as naphtha. It was an admirable remedy in a certain class of cases, but in that class only.

Dr. Nankivell had put before them the kind of cases in which the remedy would be found useful; in fact the practical character of the Dr.'s paper must commend itself to all of them; and the fact that what had been laid before them was not merely the result of reading and thinking, but the result of actual personal experience extending over several years, added greatly to its value—a value which did not attach to every paper on practical medicine which appeared in print. Recognizing in Dr. Nankivell one who was so thoroughly practical, and whose contributions to medical literature had ever met with a cordial reception, he thought that it would add to the interest of their meeting that day were he to take that opportunity of stating that Dr. Nankivell had, within the last few days, consented to become associated with Dr. Ryan and himself in conducting the *Homœopathic Review*. (Applause.)

DR. DUDGEON said it was only right to observe that many of the remedies, such as iodide of arsenic, iodide of lime, and arsenate

of lime, of which Dr. Nankivell had spoken with rapturous enthusiasm as being useful in phthisis, were not remedies which had been proved according to their homœopathic mode. Of the real homœopathic remedies the only one to which Dr. Nankivell had given unlimited praise was Bryonia. Lycopodium he spoke of disrespectfully, and Aconite he poohpoohed altogether. He mentioned this not to invalidate the effect of the paper, but to give them increased reason for the proving of new remedies. The subject of climate and phthisis seemed to be a very obscure one. It would be useful if they could take Dr. Craig's practical rule, and send catarrhal phthisical patients to the south and tubercular patients to the north. Hitherto the patients had not been so discriminated, and some doctors had sent their patients as far north and other doctors theirs as far south as they could go without drawing any distinction as to the character of the phthisis; and so some doctors had been led, like the late Lord Jeffery, to damn the north pole and talk very slightly of the equator. A short time ago he learnt from Dr. Thompson of Copenhagen, that the Denmark physicians sent their phthisis patients to Iceland. It was not the high altitude of Davos and St. Moritz which rendered them curative of phthisis, because Iceland, which was similarly beneficial, was low. There must be some point common to the two, and their enquiries might well be directed to that point.

DR. R. HUGHES remarked that as all patients could not be sent abroad, they wanted to find some place in England where the climate was such that their patients could go out of doors. He had had some experience in this matter himself, as in 1865 his wife was the subject of non-tubercular phthisis, and the air of Brighton being too stimulating, he determined to send her to Exmouth, a place which had all the softness of air which characterized Torquay and Dawlish, but was without their relaxing qualities. The effect of a residence there was that his wife was completely cured. If any of them had patients under their care that could not go abroad, he could confidently recommend Exmouth.

The PRESIDENT, in summing up the discussion, remarked, in reference to the subject of climate, that they must be conscientious in not sending patients out who had no manifest prospect of deriving benefit. If the patient was so far advanced in disease as not to be likely to recover, he had far better remain at home, with home comforts, than be sent away. There was another thing he would mention, and that was with respect to hæmorrhage. He had found the first trituration of iron a useful remedy.

DR. NANKIVELL then replied. He thanked the members of the Congress for the kind way in which they had received his paper, in which, on account of want of time, there were, no doubt, many

omissions. With regard to the use of the word "phthisis," he thought "phthisis pulmonalis" should include every wasting disease of the lung. There was now included in the term all that Lænnec included in it; but Lænnec called every form of the disease tubercular, because apparently it was so. With regard to Dr. Hayward's observations, he might say he had noticed that there was an aggravation in most cases of chronic bronchitis and lung disease during the menstrual period. As regarded the question of climate, certainly the Swiss and Icelandic were beneficial in some cases. He believed that in Peru, phthisis patients were sent up a mountain 8,000 or 10,000 feet high, and about 80 per cent. recovered after remaining there some time. He had read Dr. Wilson Fox's paper, in which there were conclusions contrary to those of many English and German physiologists; still they got this—that in one class of cases which they now recognised as non-tubercular, the patients would get well under proper treatment; whereas the tendency in the other class of cases was more directly towards death. They must not, however, fall into the idea that pneumonic phthisis would get well very easily, because it would not do so; and unless great care was taken, the disease went downwards. With regard to the climate of Exmouth, he was well acquainted with it. It apparently possessed a dry soil, and an elevation of about 100 feet above the sea, and in that respect it resembled Bournemouth; but it had a softer climate and higher winter temperature.

MEDICAL AND SURGICAL ANNOTATIONS.

INVALID CLIMATES.—A comparison of three places of invalid resort, Mentone, France, Aiken, South Carolina, and Anaheim, in Southern California, for the months of December, January and February, has been made by Francis S. Miles, of New York. He says that at Anaheim, an invalid could have been out of doors all day during 81 days, and would have been confined in doors by bad weather 9 days. At Mentone there were 67 fair days and 23 bad days, and at Aiken, 53 fair and 37 bad days. The average temperature at Anaheim, during the three winter months, was 61 degrees; at Mentone, 48½ degrees, and at Aiken, 53 degrees.

THE ORIGIN OF YELLOW FEVER.—The Chamber of Commerce of Galveston, Texas, has appointed a commission to make exhaustive investigation into the cases of yellow fever which may occur until the disease becomes epidemic, so as to ascertain all facts which can have any bearing upon the origin or importation of such cases, and to that end to obtain the written examinations of surviving patients, physicians and others, who can throw any light upon the subject, and report such examinations to the Chamber of Commerce, when they will be printed for the use of the medical faculty, and for the information of the public. The investigation is to be made "irrespective of all theories and preconceived opinions, that the whole truth, and nothing but the truth may be arrived at," and the co-operation of the medical fraternity in the work of the commission is earnestly asked.

BARYTA CARBONICA IN ACUTE TONSILLITIS, &c.—Dr. Ransford, in the *British Journal of Homœopathy*, for October, very highly commends the use of Baryta carbonica in acute tonsillitis and in chronic glandular swellings. In the former affection he believes that if it be given in the early stage it will arrest the inflammation and prevent suppuration. He prefers the 12th dilution to any other, because it has proved most efficacious in his experience. He regards it as especially suitable to persons subject to quinsy.

CASES CURED BY ELAPS CORALLINUS.—Mr. A. C. Clifton, M. R. C. S., relates in the *British Journal of Homœopathy*, October, 1873, five cases cured by this remedy. 1. *Chronic inflammation of the naso-pharyngeal mucous membrane.* This case was of long standing, and was marked by sore throat, offensive discharge from the nose, and occasional epistaxis. The throat at its posterior wall was covered with a dry, greenish-yellow membrane wrinkled and fissured, which extended into the nares. About once a week or so, portions of this would become detached and expelled either by mouth or nose, leaving the surface raw and corrugated; stuffiness about the root of the nose and a dull aching pain from there towards the forehead; when swallowing, pain extended to the ears; sense of smell gone; headache in the occiput after mental exertion; face of a dull yellowish color; no cough or symptoms of chest disease; digestion weak; catamenia every second week, generally profusely and of very dark color; skin always hot and dry; pulse 40, hard and tolerably full. She had a great variety of medicines during two or three years of treatment, with but little benefit. Elaps cor. 6th was then given, in half-drop doses, three times a day for a fortnight. She was then better. Continued for a month, when the patient was comparatively well; her throat and nose were clear, no offensive smell, pulse reduced to 96. 2. *Chronic otorrhœa with high febrile condition.* Offensive discharge from right ear, with deafness on that side; discharge has existed for three years; constant buzzing noise in diseased ear; skin hot and dry, pulse 120. After other medicines had been tried, Elaps 6th, one drop twice a day, was given for a fortnight. Better. Continued the same medicine, varying from 6th to 12th, for six weeks, at the end of which time her hearing was restored, the discharge had ceased, swallowing liquids was normal, heat of skin was gone and pulse 88. She has remained well since that time, five years ago. 3. *Chronic ulceration of the throat.* Man, aged 36, suffered for years with frequent attacks of ulceration of the throat, more especially on the left side, and difficulty of swallowing liquids, occurring five or six times a year, lasting two or three weeks at a time; attacks come on if he is exposed to either rain or much wind, dislikes wet weather apart from the throat affection, says he never feels happy in wet weather; general health good in every other respect. Lachesis gave prompt relief on two occasions, but attacks would return on exposure to wind and rain. Sulphur without benefit. Then Elaps 6th, even while he was feeling tolerably well, taking it every night for a month: had no attack during the time of taking it, nor for three months afterwards. He commenced it again as soon as ulceration (sic) began and was well in two days; he continued it twice a day for six weeks or two months, since which time, two years ago, he had no return of the disease. 4. Similar in every respect to 3, except that the attacks occurred more in summer, and were never caused by wet weather, neither had he any dislike to rain. Elaps did some good, but Lachesis 6th was more efficacious. 5. *Chronic Stiffing of the Nose.* Stoppage

high up in the nostrils, of very long standing; always worse in wet weather; occasional bad smell from nose, no offensive discharge, occasionally bleeding, on violently blowing nose; no loss of smell; when he swallows he feels a pain go from root of nose to ears; sneezes at night. Sulphur and Teucrium were given without benefit. Elaps 6th, twice a day for a month improved his condition, and by continuing it at increased intervals for four months all symptoms were removed.

PUBLICATIONS RECEIVED.

THE CEREBRAL CONVOLUTIONS OF MAN, represented according to original observations, especially upon their development in the fœtus. By Alexander Ecker, Professor of Comparative Anatomy in the University of Freiburg, Baden. Translated by Robert T. Edes, M.D. New York, D. Appleton & Co., 1873, pp. 87.

This very handsome brochure is intended to serve a grand purpose,—that of conducing to a knowledge of the physiological meaning of the single convolutions upon the cerebral surface. The author very properly remarks that “the great knowledge of an organology of the cerebral surface, that is, of an anatomico-physiological knowledge of the psychical brain-organs, rests in great part in the hands of physicians.” Only by accurate observations of patients, in connection with the most careful autopsies, and a previous accurate knowledge of the brain formation and especially of the convolutions, can it be determined as to the “meaning” of the variations in the cerebral mass. The author has here endeavored to place in the hands of practitioners materials which will simplify their labors in the study of the convolutions. His descriptions rest throughout on his own investigations, and are especially supported by his study of the development of the cerebral convolutions in the fœtus. The text is copiously illustrated with elegant wood-cuts, which may be regarded as maps by which the inquirer may be placed in a position to find his way more easily through this truly labyrinthine study.

The work is printed in fine large letter on heavy paper, and is in keeping with the usual elegance of the Appleton publications. It is a work of which every practitioner should have a copy.

On sale by the publishers, by J. B. Lippincott & Co., Philadelphia, or may be ordered through Boericke & Tafel.

THE HOMŒOPATHIC TREATMENT OF SURGICAL DISEASES. By J. Grant Gilchrist, M.D. Chicago: C. S. Halsey, 1873, pp. 421.

A portion of this work was published originally as a supplement to the *Chicago Medical Investigator*, but the great fire destroyed the sheets and brought the publication to grief, as it did many other enterprises. It is based upon the belief—which every homœopathic practitioner will admit to be true to a greater or less extent—that there are many diseases now lying within the domain of operative surgery that might be turned over to the gentler influences of homœopathic medication with advantage, and that there is much help to be derived, in all surgical cases, from homœopathic medication, which is lost by a neglect of it. The author of this work, therefore, is deserving of much praise for his efforts to place in the hands of the profession the materials by which such advantageous measures can be developed and perfected. He is of opinion that as yet but little has been done in this direction of a practical character. “That we have not yet done so,” he writes, “in the fullest meaning of the word, is evident; for in all our books a few lines are given to remedies, and pages and whole chapters to

pathology and operative measures. I do not mean to undervalue these studies, but, rather to make them subordinate to therapeutics. Believing that what we now need is a work on surgical practice purely homœopathic, with the fullest indications for the use of the remedies, and that the law of similars, the single remedy, and the minimum dose, are just as applicable in surgery as anywhere else, the present pages have been written to help fill the demand."

Thus, it will be perceived, the scope of this work is to bring into one storehouse the material for the construction of "homœopathic surgery," and from this material, gathered from all available sources, is to be winnowed and sifted those grains of gold which will avail for all time to come. And viewed in this light by the profession and properly used and annotated by them, it may serve as the foundation of a future work on the therapeutics of surgical diseases as accurate and reliable as a treatise on scarlatina or measles. In view then of the elementary and to a great extent speculative and theoretical character of this treatise, it is to be regretted that the author has allowed to crop out in the text dogmatical assertions and deductions drawn from as yet insufficient premises, that are distasteful to a philosophic mind, and that do not comport with the general tenor of the work. As an example of what we mean, take the article on *Cancrum Oris*, p. 103. The author says, referring to "true *cancrum oris*," "It is a terrible disease, and makes us think of washes and lotions, but they are just as hurtful here as in any other disease, and must be rigorously excluded from the treatment! Trust attenuations alone." Now, we would ask, is the author warranted by his (necessarily) limited experience, or by the experience of others of which he is cognizant, in making such a sweeping two-fold assertion—denouncing local treatment and emphatically recommending as alone sufficient in this terrible disease, not *homœopathy* but *attenuations*. Possibly attenuations are sufficient, but the local use of hydrochloric acid in homœopathic and allopathic hands is known to exert a powerful curative effect; and it is unwise to allow preconceived opinions to lead one into such disadvantageous dogmatism. Apart from these (in our opinion) blemishes, the work cheers us by its hearty homœopathic tone, and, as before remarked, is calculated to secure for the author the thanks of the profession.

The work has been published in excellent style,—neat type, good paper, and substantial binding—and proves that C. S. Halsey, the publisher, has lost none of his enterprise, good taste and judgment.

On sale by the publisher and by Boericke and Tafel.

THERAPEUTIC KEY, OR PRACTICAL GUIDE FOR THE HOMŒOPATHIC TREATMENT OF ACUTE DISEASES. *Second Enlarged Edition.* By I. D. Johnson, M.D. Philadelphia: Boericke and Tafel, pp. 297.

This useful little work has already passed into a second edition, showing plainly in what estimation it is held by the profession. The author has added greatly to the value of the work by the compilation of a second part, under the title of "*Characteristic symptoms of the most important Homœopathic Remedies*," comprising fifty-one medicines. While this adds upwards of one hundred pages to the work, it still remains a handy 12mo., which can be readily carried on all occasions. The text of the first edition has not been changed in the second. This is to be deplored, since not only have the few errors of the first edition been reproduced, but the author has not availed himself of the opportunity to introduce several maladies which, it was regretted, were omitted in the first edition. But, notwithstanding this,

Dr. Johnson's Key is an admirable little work; one of those practical additions to our literature which are the more welcome because of their scarcity. It is on sale at all homœopathic pharmacies, and we assure our readers that the price of a copy will be well laid out if expended for one.

A MEDICAL HAND-BOOK FOR MOTHERS: or Hints for the Management of Health and the Treatment of the Disorders common during Pregnancy and Infancy, By Alfred C. Pope, M.D., M. R. C. S. E., etc. London: Henry Turner and Co., 1873., pp. 244.

This production from the pen of our esteemed colleague, Mr. A. C. Pope, one of the editors of the *Monthly Homœopathic Review* and a writer of considerable ability, is designed to assist the young wife and mother in the management of her health, and in providing for the wants of her infant. The author has adopted an excellent method of treating the subjects brought under notice, by first explaining the physiological principles which are our guides in all that concerns the maintenance of health, then what is to be done to maintain health, and finally what is to be done to regain it when lost. We have no doubt that this work will meet a ready sale with the intelligent class, as it is one that any physician can recommend to his patients.

The following extract from Mr. Pope's book, although derived from material which has been in a great part published before, will no doubt interest our readers, and may serve as *ammunition* for some who are actively engaged in a contest with allopathy.

"1. The late M. Tessier, for many years a well-known allopathic physician in Paris, was one of the physicians to the Hôpital Ste. Marguerite, and subsequently to the Hôpital Beaujon. He there investigated homœopathic treatment, and has given the results he obtained in his published works.* During the years of 1849, '50, '51, there were admitted into the two wards under his care 4,663 cases. The number of deaths during this time was 393, or 8.55 per cent., or 85 per 1,000. In the *same* hospital and during the *same* period, there were in the other wards 3,724 admissions, with a mortality of 411, or 11.03 per cent., or 110 per 1,000.

"M. Tessier had 100 beds under his charge; his allopathic colleagues had 99. With only one additional bed he was able to receive during these three years 939 more cases than they were. There could be no other cause for this difference than the greater rapidity with which through homœopathy, M. Tessier was able to fit his patients for leaving the hospital.

"In this, as in all public hospitals in Paris, the admissions were without the intervention of the physicians save in a very small number of cases. The patients were for the most part admitted by non-medical officials, and sent to such wards as had vacant beds. There was, therefore, no possibility of any selection of cases. One physician was as likely to have a severe case placed under his care as another.

"Here, then, we have an example of a *large number* of cases occurring during the *same period* of time, in the *same hospital*, and under *similar circumstances*. One patient is treated homœopathically, another allopathically. The mortality among the former is 2.48 *less* than among the latter; and the duration of illness is so much shorter among the former than the latter, that during these three years M. Tessier was able to accommodate 46 patients in each bed, while his colleagues were only able to receive 37.

* De la Medication Homœopathique, etc., Bailliere, Paris, 1852.

"2. In another French hospital* similar results have been arrived at, though here the circumstance of *time* cannot be taken into account. From 1856 to 1862 the late M. Liagre, the physician to the hospital at Roubaix, treated his patients allopathically. The mortality was at the rate of 19.26 per cent. In 1863 his treatment was homœopathic, and the mortality was reduced to 13.70, while during the following year it was 12.91. M. Liagre, in his report to the Administrators of the Hospital, further notices that the greater rapidity with which the patients recovered after he adopted homœopathy enabled him to admit a much larger number of patients into his 40 beds than he could do while treating them allopathically. In 1862 he had only 348 admissions; in 1863, 416; and in 1864, 479. It must be also observed that his beds were always full during *each* year. So that, as he remarks, 'it will be seen that in 1863, 68 patients, and in 1864, 130 patients could be received into the hospital in consequence of homœopathic treatment who would have been excluded for want of room had the old system been continued.'

"Here we have a long series of cases, treated by the same physician, in the same hospital, in which by a change in the mode of prescribing drug-remedies from allopathy to homœopathy, a saving of life to the extent of 7 per cent. was effected, while the rapidity of recovery was so much increased, that he was able to receive into the same number of beds, more than one-third more cases of diseases, than he had been able to do before he made the alteration in his treatment.

"3. The cases represented in the following tables were all derived from the *same class* of population, in the *same city*, occurred during the *same period* of time, and in institutions altogether similar in their management; the results obtained are therefore peculiarly valuable in assisting us to ascertain which method of treatment is the most serviceable in saving life, and shortening the duration of illness.

"In the city of New York there were, during the twelve years ending with 1854, five Orphan Asylums. In four the medical treatment was non-homœopathic, and during these twelve years, the average number of orphans received into each asylum was 356.85. The mortality in these was at the rate of 1 in 41, or 2.10 per cent. In the Protestant Half-Orphan Asylum, where the treatment was homœopathic, the number received in the twelve years ending with 1854, was 3,075; the mortality 1 in 146, or .68 per cent. Showing the rates of mortality under allopathic treatment, as compared with homœopathic, to be more than 3 to 1.

"4. Of two asylums for foundlings and miserable sickly orphans in New York, one under allopathic treatment admitted during four years, ending 1856, 10,129 children, and the deaths numbered 585, or 1 in 17. In the other, under homœopathic treatment, 1,210 were admitted during the same period of time. Thirty deaths, or 1 in 40 occurred in the four years.

"The foregoing statistics are derived from a report issued by the minority of a committee appointed to consider the propriety of introducing the practice of homœopathy into the Bellevue Hospital of New York."

Mr. Pope's book can be procured in this country from Messrs. Boericke and Tafel, Philadelphia and New York.

* Bull. de la Soc. Med. Hom. de France, Octobre, 1865.

PERSONAL.

CAMPBELL.—Dr. Howard S. Campbell has returned from his European tour, and resumed practice at his former residence, No. 310 N. 6th St., Philadelphia.

DIED—ZANTZINGER.—Dr. Alfred Zantzing, of Philadelphia, died at his home in that city, September 16th, of typhoid fever, in the 34th year of his age. Dr. Zantzing was a graduate of the literary department of the University of Pennsylvania, and of the Homœopathic Medical College of Pennsylvania of the class of 1861. He had a large practice and was a man of fine abilities and excellent character. Dr. Z., was a nephew of Prof. W. S. Helmuth, of Philadelphia, and a cousin of Prof. Wm. Tod Helmuth, of New York.

EVANS.—Died at her residence in Gloucester, N. J., on September 17th, Mary A., wife of Rev. Rees C. Evans., in the 62nd year of her age. Mrs. Evans was an exemplary christian lady, endeared to all who knew her, and is mourned by a large circle of relatives and friends. She was the mother of Dr. C. Horace Evans, of Indianapolis (formerly of Philadelphia).

PROCEEDINGS OF THE NINTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Held at Harrisburg, October 1st and 2d, 1873.

FIRST DAY,—MORNING SESSION.

The Society convened in the Hall of the House of Representatives, at 10 o'clock. The President, J. F. Cooper, M.D., of Allegheny City, called the meeting to order and delivered the Opening Address, which was replete with good advice to the Society and to the profession in general. We regret to be unable to afford the space for the publication of this interesting oration.

The roll was then called and addresses of members corrected.

The following physicians were proposed for membership: L. B. Hawley, Phoenixville; J. N. Clark, Harrisburg; Sarah T. Rogers, Philadelphia; J. H. Buffum, Pittsburg; J. B. Chantler, Allegheny; R. E. Caruthers, Allegheny.

The members of the Board of Censors being absent, the president appointed in their stead, Drs. C. A. Stevens, of Scranton, W. H. Cook, of Carlisle, and J. C. Burgher, of Pittsburg, to act as censors, to whom were referred the above applications.

On motion of Dr. Marsden, the Society ordered that medical students under the instruction of any member of the Society be admitted to the meetings of the present session.

DR. R. J. McCLATCHY, Treasurer, submitted his annual report, which was accepted and referred to the following auditors: Drs. Fetterhoff, Seip and McClelland.

DR. P. DUDLEY made a report on behalf of the delegates from the State Society to the meeting of the American Institute of Homœopathy, held last June, in Cleveland. He reported that the Institute

meeting had been in every particular a grand success. The next meeting of the Institute will be held at Niagara Falls, in June next.

DR. McCLATCHEY, chairman of the Committee on Charter, made a report in behalf of the committee, to the effect that the committee had prepared a bill, and that it had been presented in the Legislature, but that in consequence of the pressure on the Legislature of important business the bill was not properly pressed, and that it would be presented at the commencement of the next legislative session, provided the Society so instruct the committee. Dr. McClatchey then read the bill prepared by the committee, entitled "An act to regulate the practice of Homœopathy in Pennsylvania, by incorporating the Homœopathic Medical Society of the State of Pennsylvania." He stated that the bill had been favorably spoken of by members of the Legislature, and there seemed to be little or no doubt regarding its passage next session.

On motion the report was accepted and the committee continued, with instructions to have the bill presented.

Reports from county and district medical societies were then called for.

DR. J. C. BURGHER reported in behalf of the Allegheny County Medical Society; Dr. W. H. Cook, of Carlisle, presented a report from the Cumberland Valley Homœopathic Medical Society; Dr. R. J. McClatchey, from the Philadelphia Medical Society; and Dr. J. B. Wood, from the Society of Chester, Delaware, and Montgomery counties.

DR. DUDLEY, in behalf of the Committee of Publication, reported that the proceedings of the last session had not been published because of a lack of funds, and because of the near approach of the present session; it being deemed best to print the proceedings of both sessions together. Report accepted.

The auditors reported that they had examined the accounts and vouchers of the treasurer, and had found his report correct.

On motion, the report was accepted, and the auditors were discharged. The treasurer's report was then adopted.

The report of the Dauphin County Homœopathic Medical Society was then submitted by Isaac Lefever, of Harrisburg. In this report reference was made to the Harrisburg hospital imbroglio. On motion, the report was accepted.

DR. L. H. WILLARD moved, and it was carried, that a committee of this Society be appointed to frame a series of resolutions expressive of the sense of this Society regarding the questions raised by the allopathic physicians of Dauphin county, and especially regarding the ethics regulating the intercourse of physicians with each other. The chair appointed the following committee: Drs. L. H. Willard, R. J. McClatchey, J. H. McClelland, C. A. Stevens and W. H. Cook.

DR. J. H. McCLELLAND made the report of the Pittsburg Homœopathic Hospital. The report stated that the past year of the institution compares favorably with any preceding year of its successful operation. There were 305 patients under treatment during the year, distributed in the medical, surgical and lying-in wards. There was a mortality of 17, or $5\frac{1}{2}$ per cent. This small mortality appears the more remarkable from the following analysis: 5 of the deaths were from consumption, 4 had sustained mortal injuries, 2 had organic diseases of the heart, 2 died of old age, 1 of congestive chill shortly after admission, 1 from an ovarian tumor, 1 from typhoid fever, and 1 from typhus fever. It will be observed that the number that died from what are called curable diseases is exceedingly small. There were 4,553 prescriptions issued from the dispensary department, making a total of 24,000 prescriptions since the hospital has been opened.

DR. P. DUDLEY presented a verbal report in reference to the Baptist Home of Philadelphia. During the year there have been in the Home 25 inmates, whose ages range from 68 to 99 years. There has been one death, caused by cancer. The managers have just completed the erection of a handsome and comfortable building for the use of the Home, at a cost of about \$60,000.

DR. STEVENS presented the report of the Censors, recommending the election of the following candidates: Drs. L. B. Hawley, R. E. Caruthers, J. N. Clark, S. H. Buffum and J. B. Chantler. These were duly elected to membership.

DRS. J. N. CLARK, J. C. BURGHER and W. H. COOK were appointed a committee to wait upon his excellency the Governor, and invite him to visit the society during the session, and also to be present at the delivery of the Annual Address.

DR. J. C. BURGHER called the attention of the society to the fact that delegates appointed to the various state societies rarely have any report to make respecting the proceedings and the conditions of those bodies. He thought it very desirable that reports should be obtained, even though the delegates are unable to visit the societies to which they are appointed.

DR. M. M. WALKER said this subject was agitated at the last session, and the hope that some good might result from that agitation has not been realized; the doctor thought that perhaps some other plan might be adopted with better results.

DR. MCCLATCHEY said he had never until the present session failed to present a report from the societies to which he had been accredited.

DR. DUDLEY suggested that some one be appointed to correspond with all the societies, and obtain from them reports for presentation to this society.

The report and papers of the Bureau of Materia Medica and Proving were called for, but on motion were deferred until the afternoon session, and the society then adjourned until 2.30 P.M.

AFTERNOON SESSION.

The society reconvened according to adjournment, the president in the chair.

"The Harrisburg Cholera."

The report and papers of the *Bureau of Clinical Medicine and Zymoses* being in order, DR. M. FRIESE, of Harrisburg, read a paper entitled "A brief history of the diarrhœa epidemic as it prevailed in Harrisburg, Pa., during the winter of 1872."

DR. DUDLEY, of Philadelphia, described the epidemic diarrhœa, which prevailed in Kensington (the north-eastern section of Philadelphia) some ten or twelve years ago. This diarrhœa was undoubtedly caused by water pumped up from the Delaware, and which had been vitiated by admixture with the city sewage and by decomposing animal matter (the skins and refuse of fish) daily thrown into the docks. The disease was chiefly prevalent within the limits supplied with this water, and a very large proportion of those cases which occurred outside of this district could be traced to the use of the Kensington water. The very striking similarity between the symptoms of the Kensington and Harrisburg epidemics led to the question whether they might not have a similar cause, although Dr. Friese ascribed the latter to atmospheric influences. In reference to treatment, the same remedies had been indicated and used in both epidemics. In addition however to these he would mention Bryonia tincture, in water, as giving better results in a large number of the cases in Kensington than almost any other remedy. Dr. Friese has mentioned that many persons in Harrisburg have not yet fully recovered from the effects of the epidemic. If the disease was like the one in Kensington, some of them will never be entirely rid of its influence upon their general health.

DR. W. H. COOK, of Carlisle, said he was surprised to learn, as he had from Dr. Friese's paper, that the theory of water causation of this diarrhœa was exploded. He did not understand how an epidemic of that character could be produced during the winter season by malarial influences. A clergyman in his practice had his health completely shattered by the use of the Harrisburg water during the epidemic. The disease was not only too violent but too generally prevalent to be attributable to atmospheric influences; there having been probably more than ten thousand people affected by it.

DR. FRIESE asked why—if Dr. Cook's theory be correct—the disease should have followed an epidemic of malarial disease and pre-

vailed coextensively with it? Many contracted the disease who did not drink the water, and chemical analysis failed to reveal the presence of any deleterious matters in it, except for a time, when it was impregnated with sewer water. He would ask if it were not possible that malaria might be so modified by the action of cold weather as to produce intestinal diseases.

DR. R. J. McCLATCHEY said he remembered that the disease prevailed during the time that this society was convened in its eighth annual session. The Philadelphia delegation at that meeting consisted of ten physicians. Of these ten, only one (himself) escaped the disease, yet he was the only one who drank freely of the Harrisburg water, which he had not failed to do at all his meals and whenever he was thirsty; others drinking tea and coffee only. Some of the delegates from Philadelphia were attacked at once, while others were seized upon their return home, and were handled more or less severely. These drank tea or coffee, but either did not taste the unboiled water or drank of it very sparingly.

DR. MARSDEN drank no water except in the form of coffee or tea, and yet upon returning he had a violent attack of diarrhœa from which he had scarcely yet recovered. He had generally found malarious disease to intermit or remit. If this were the case in the epidemic referred to, it would, in his mind, be a strong argument in favor of the malarial origin of the disease. He was not prepared to say that all the poisonous properties that might exist in water could be destroyed or removed by boiling.

DR. DUDLEY. "In reference to the sickness of nine out of the ten Philadelphia physicians mentioned by Dr. McClatchey, allow me to say that we were so unsophisticated, that while we feared the Harrisburg water we did not hesitate to drink Harrisburg milk." The doctor further said he believed that the Delaware river water, by reason of its admixture with sewage, causes even now a considerable amount of sickness among those who are compelled to use it. He instanced the case of a mother and child, both sick with a long continued wasting diarrhœa, who, after resorting to all the approved remedies, were immediately and permanently cured by removing from the district.

DR. J. C. BURGHIER said that no doubt none would contend that malarious influences did not operate during the winter. Dr. Friese does not contend that the malaria which caused the disease was generated during the winter in which the disease prevailed, but its effects often do show themselves some time after exposure, and even during cold weather.

DR. MARSDEN thought the facts were inconsistent with the theory of malarial action, for the reason that so many were attacked with

diarrhœa in the winter, who by reason of non-residence during the previous summer and autumn, could not have been exposed to the malarial influences which then prevailed.

In response to a question by Dr. L. H. Willard, Dr. Dudley stated that a single glass of Kensington water had been sufficient to produce very serious illness. He did not know whether horses and cattle had been affected by the disease or not. He had not heard of any cases.

DR. COOK considered that during the winter there had been no possible source of malaria; and as the facts already stated by several of the members prove that the poison, whatever it may have been, exerted its full effects upon transient residents, it was perfectly clear to his mind that the morbid agent was imbibed through the alimentary canal.

DR. DUDLEY thought that as chemical analysis utterly failed to reveal the presence of malaria in the atmosphere, it is unreasonable to suppose that it can detect all the poisonous properties that can possibly exist in water.

DR. COOK referred to the "milk sickness" of the west as an indication that the disease might possibly have been communicated through the medium of the dairy.

The discussion then closed and the paper of Dr. Friese was accepted and referred to the committee of publication.

Meningitis Cerebro-spinalis.

DR. J. H. McCLELLAND then presented an elaborate paper on epidemic cerebro-spinal meningitis, prepared by a committee appointed for the purpose by the Allegheny county medical society, consisting of Drs. Cooper, Burgher, Hoffman, Willard, Seip and McClelland. The paper embraced the "History" of the disease, by J. F. Cooper, M.D.; "Symptomatology," by J. H. McClelland, M.D.; "Pathology, Diagnosis and Prognosis," by J. C. Burgher, M.D.; "Medical Treatment," by H. H. Hoffman, M.D. and C. P. Seip, M.D.; "Dietetics," by L. H. Willard, M.D.

DR. WALKER, of Germantown, thought that ice-cream, recommended by Dr. Willard, had been, in his hands productive of great harm; and, in fact, he had abandoned its use.

DR. WILLARD had not observed bad, but on the contrary, good effects. He gave it in moderate quantities, and if it produced diarrhœa, it were better than the obstinate constipation so frequently met with.

DR. C. P. SEIP said he had given ice-cream freely, and when diarrhœa already existed, and in some cases even he had given little else.

DR. FRIESE called attention to the use of Cina. He had used it in

good effect in children, where there were complications of helminthiasis.

DR. McCLELLAND had used Cina occasionally, with good effect, where the children gave evidence of worm troubles.

DR. FRIESE had a case in which Cina was the principal remedy used; Bellad. having been administered to counteract certain intercurrent symptoms. The case seemed almost hopeless, yet recovered after four weeks illness. The characteristic symptoms were: pain in the epigastrium, extreme sensitiveness of the cervical spines, semi-paralysis of the extremities, convulsions, etc.

DR. MARSDEN asked whether physicians had noticed any difference in their success in these cases when they had been early called, or only after the disease had made some progress. His own experience was that a few days made a great difference in results, the progress of organic lesion being very rapid. He had noticed in some cases the occurrence of violent hemorrhage, and such cases he had never known to recover. Professor Wood advises to abstain from the use of the lancet in these cases. He knew of cases of a number in his own practice in which a fatal result speedily followed hemorrhage. He had found Gelsemium of great service in relieving the pain. Baptisia for the blood poisoning where there was a tendency to disorganization of the vital fluid.

DR. O. C. BRICKLEY mentioned a case where there was great sensitiveness to the touch, which was promptly relieved by Tartar emetic.

DR. J. N. CLARKE recommended ice bags to the spine.

DR. J. H. McCLELLAND thought that in the experience of the Pittsburgh physicians, hot applications to the spine had been more efficacious than cold.

DR. C. P. SEIP corroborated this statement. The objection to the ice applications to the spine consisted in the shock to the system, which sometimes resulted in a collapse. He had never seen such results follow heat to the spine.

DR. DUDLEY asked whether any one had used alcohol in this disease. There appeared to be some specific action of alcohol in this affection. He referred to the success of the late Dr. David James in the treatment of cerebro-spinal meningitis, which was attributed by him to the early use of alcohol, to secure what he called the "alcohol sweat." The method of administration in order to secure this result is as follows: Mix one or two teaspoonfuls of alcohol (95 per cent.) in a half tumblerful of water, and give a teaspoonful every hour *without intermission* day and night. Soon after the treatment is begun, the pulse falls in frequency and in twenty-four to forty-eight

hours the profuse sweat supervenes, and all the violent symptoms instantly subside. The remedy should then be withdrawn gradually. In order to obtain any good results it must be used upon the first approach of the malady.

DR. McCLATCHEY indorsed what Dr. Dudley said about the value of alcohol, when used early in these cases. Its good results are promptly exhibited, or if not it should be abandoned. He had used it in connection with other medicines, frequently mixing it with the water in which these medicines were dissolved. He believed that he had derived this knowledge of its usefulness from Dr. David James.

DR. McCLELLAND had also used it in the same manner as described by Dr. McClatchey, with good effect.

DR. McCLATCHEY said, in reply to a question, that the *tout ensemble*, that which made up a case of meningitis cerebro-spinalis, was the *indication* for the use of alcohol.

DR. ISAAC LEFEVER, of Harrisburg, related a case with a fatal termination from paralysis after a very lingering illness.

The papers on meningitis were then accepted and referred to the publishing committee.

A paper entitled "Cases from Practice," by Dr. W. R. Childs, of Pittsburg, was read by Dr. Burgher and on motion accepted and referred to the committee on publication.

Bureau of Surgery.

DR. J. C. BURGHER, chairman of the *Bureau of Surgery* announced the following papers as being in possession of the bureau: "Clinical cases in Surgery," by Malcolm Macfarlan, M.D., of Philadelphia; "Skin Grafting," by L. H. Willard, M.D., of Allegheny city; "Compound Fracture of the Tibia and Fibula," by J. H. McClelland, M.D., of Pittsburg; "Topical Applications," by J. C. Burgher, M.D., of Pittsburg.

DR. McCLELLAND's paper on "Compound Fracture of the Tibia and Fibula" was then read by that gentleman, and on motion was accepted and referred to the committee of publication.

The society then adjourned to meet at 8 o'clock P.M., to hear the annual address by Dr. L. H. Willard.

EVENING SESSION.

The society assembled at eight o'clock in the hall of the House, to hear the Annual Address, which was delivered by Dr. L. H. Willard, of Allegheny city, his subject being "*The Surgery of the Nineteenth Century.*"

A vote of thanks was given to Dr. Willard for his admirable address, and a copy was requested for publication.

After the delivery of the address a short business session was held.

DR. J. C. BURGHER announced an additional paper as belonging to the Bureau of Surgery entitled "*Compound Comminuted Fracture of the Tibia and Fibula, just above the ankle,*" by C. A. Stevens, M.D., of Scranton.

DR. BURGHER then offered and the society adopted a motion that the subject of *delinquents* be taken up. After considerable discussion the following was adopted:

Resolved: That the treasurer be instructed to notify all delinquents to the amount of five dollars, that if their accounts are not settled within three months of said notification their names shall be dropped from the roll; and the persons thus dropped shall not be readmitted until all dues shall be paid.

DR. DUDLEY then moved that the second paragraph of section 2 of the by-laws be repealed. Adopted.

It was moved and carried that the name of Dr. Richard Koch, formerly of Philadelphia, be dropped from the roll.

DR. C. A. STEVENS read his paper, referred to above, which was accepted and referred to the committee of publication.

DR. FRIESE asked what was the experience of the members in the use of Day's splints, and particularly in Barton's fracture of the radius.

DR. BURGHER said that his experience with these splints had been very satisfactory, though there were other splints he preferred in most cases.

DR. McCLELLAND had no faith in the interosseous pressure, and thought it did more harm than good. Day's splints were very handy in emergencies, and especially in fractures of the arm. He preferred plaster of Paris splints generally.

DR. BURGHER said that some objected to the plaster splint on account of its weight, but it need not be made weighty. The Bavarian splint, made out of common white flannel and the plaster, made a light and very efficient splint.

DR. McCLATCHIEY then read Dr. Macfarlan's paper on "*Clinical cases in Surgery.*" It embraced a record of three interesting cases;—one on "Hydrocele and Hernia," one on "Cystic Tumor of the Orbit," and one on "Strangulated oblique Inguinal Hernia in the female." The paper was accepted and referred as usual.

DR. LEFEVER, of Harrisburg, mentioned a case of hydrocele for which he injected a solution of Iodine; this was allowed to flow off, and then a cord, knotted at the end, was introduced through the canula. It remained several days and there resulted a radical cure.

DR. FRIESE had not succeeded in a single case by means of the strapping method, and inquired if this plan was at all reliable.

DR. McCLELLAND said he much doubted if a radical cure could be obtained from the strapping process.

The society then at 10 $\frac{1}{4}$ o'clock, adjourned until 9 o'clock on Thursday morning.

SECOND DAY'S PROCEEDINGS.

The society was called to order by President Cooper, at 9 o'clock, A.M.

Successful Skin-grafting.

DR. L. H. WILLARD presented the report of a case of successful skin-grafting at the Pittsburg Homœopathic Hospital. He stated that his assistant Dr. R. E. Caruthers took pieces of skin from his own arm and planted them on the granulating surface of a stump where there had been sloughing, and that one or two of these grafts took hold. There was a very slight growth from these centres at first, but after a while growth was more rapid.

DR. McCLELLAND remarked in addition, that when the case came into his hands from Dr. Willard's term, the grafts were still quite small, and that his assistant Dr. J. H. Buffum then applied electricity in the following manner: a disk of platinum was placed over the denuded surface, connected by a wire to a plate of zinc some distance from it and held in position by adhesive strips. The growth after this was perceptibly more rapid. Under the disk of zinc the skin was quite red and irritated.

DR. B. W. JAMES, of Philadelphia, gave his experience in the use of electricity, which confirmed the opinions of Drs. McClelland and Willard, that the renewal of growth and healing was fairly attributable to the action of the electricity.

On motion the paper was accepted and referred. The Bureau of Surgery was then closed.

DR. J. J. YOULIN, of Jersey City, N. J., president elect of the American Institute of Homœopathy, was then introduced to the society. He was properly welcomed by the president, and made an eloquent response, in which he alluded to the feeling of brotherhood existing between the physicians of Pennsylvania and New Jersey. He congratulated his brethren on the glorious disposition to accord full and equal rights to all medical men of all schools, as shown in the recent events at Harrisburg. He was reminded by the discussion on skin grafting, of a case occurring in the practice of Dr. M. W. WALLENS, of New Jersey. A man had his leg crushed by a railroad car. The integument was much lacerated and the bone comminuted. After the bone reunited, there remained a large denuded surface, which was cured by the grafting process. As in the other case mentioned, the graft disappeared for a time, then reappeared and grew rapidly.

On motion of Dr. McCLELLAND, Dr. YOULIN was invited to participate in the discussions of the society.

HARRIET S. FRENCH, M.D., of Philadelphia, was proposed for membership, and the proposition was referred to the Board of Censors.

DR. SEIP read a paper supplementary to a paper presented at the last State society meeting, being the report of a case in which castration had been performed without depriving the patient of virile power. He stated that the same condition prevailed. In reply to a question by Dr. Lefever, Dr. Seip said that the patient's voice has undergone no change.

The application for membership of Dr. H. S. French was reported on favorably by the censors, whereupon Dr. French was elected to membership.

The report of the Bureau of Materia Medica and Provings was called for, but there being no response, the bureau was declared closed.

The Harrisburg Hospital Imbroglia.

The committee to report on the Harrisburg Hospital troubles, submitted the following preamble and resolutions as their report:

WHEREAS, This society has been advised of the establishment of a hospital in the City of Harrisburg by the contributions of the citizens, many of whom employ homœopathic medical treatment for themselves and their families; and

Whereas, The trustees of said hospital, having appointed a medical staff composed entirely of allopathic physicians, subsequently resolved, in deference to the wishes of some of the supporters of said hospital, that homœopathic medicines be procured, and that the inmates of said hospital be allowed to employ such homœopathic physicians as they might wish; and

Whereas, Upon the action of said trustees becoming known, the staff of said hospital unanimously resigned, and adopted, amongst other resolutions, the following, to wit, "Whilst we should cheerfully and gratuitously have served the interest of the institution to our best ability, as its sole staff, we cannot consent to act in a hospital wherein it is proposed to sanction practice so utterly at variance with that in which we have been educated;" and

Whereas, The action of these members of a so-called liberal profession, was endorsed by the members of the Dauphin County (allopathic) Medical Society in the following terms:

"Resolved, That we also most cordially endorse and approve the manly and high-toned professional action of the medical staff in promptly resigning their position in said hospital. Resolved, That we individually and as a society hereby pledge ourselves not to accept any position in said hospital unless each and every member of the late staff of the hospital be re-elected by the managers of said hospital; and all other practice but that of the regular school of medicine be ignored;" therefore

Resolved, That in the opinion of the Homœopathic Medical Society of the State of Pennsylvania, the assumption of the late medical

staff of the Harrisburg Hospital that the sum of wisdom is that which they have been taught, is absurd, and that their character as men of liberal education is not sustained by their attempt to assert for their individual knowledge the utmost limit of medical education.

Resolved, That the action of the Dauphin County (allopathic) Medical Society in endorsing "most cordially" the action of the medical staff of the Harrisburg Hospital as "manly and high-toned" conduct; in attempting to force upon the trustees of the hospital the re-appointment of these "manly and high-toned" medical men; and in dictating to said trustees the necessity of ignoring "all other practice but that of the regular school of medicine," is neither manly nor high-toned, but savors rather of the ignorance, bigotry and intolerance characteristic of the dark ages.

Resolved, That this Society endorses the action of the homœopathic physicians of Harrisburg in refusing to serve the trustees of the Harrisburg hospital upon other terms than those of perfect equality with any and all other physicians who may be admitted to practice in said institution.

The report of the committee was accepted, and the committee discharged. The preamble and resolutions reported by the committee were then unanimously adopted.

Obstetrics and Diseases of Women and Children.

DR. R. J. McCLATCHEY, chairman of the *Bureau of Obstetrics and Diseases of Women and Children*, submitted the report and papers of that bureau, as follows:

1. Labor, as modified by pre-existing disease or other debilitating causes. By J. H. Marsden, M.D., of York Springs.

2. Cases in obstetrical and gynæcological surgery. By Malcolm Macfarlan, M.D., of Philadelphia.

3. Pneumonia, with miscarriage. By J. H. P. Frost, M.D., of Danville, Pa.

4. A case of post-partum convulsions. By J. C. Burgher, M.D., of Pittsburg.

5. Two cases of placenta prævia. By M. Friese, M.D., of Harrisburg.

6. On making vaginal examinations. By R. J. McClatchey, M.D., of Philadelphia.

7. Some obstetrical instruments. By R. J. McClatchey, M.D., of Philadelphia.

DR. MARSDEN then read his paper on "Labor as Modified by Pre-existing Disease and other Debilitating Causes."

The Forceps.

DR. MARSDEN, in concluding the reading of his paper, remarked that in applying the forceps he is always guided by the form of the pelvis rather than by the position of the head.

DR. FRIESE said that in cases in which there is very great pain he uses anæsthesia to the extent of relieving the pain, but not in sufficient quantity to produce insensibility or unconsciousness, before using the forceps. He did not think that any danger need be apprehended from it when thus used, not even from uterine inertia. He has also used Ergot for the purpose of aiding labor, and had seen no bad effects from it.

Ergot, Actea and Caulophyllum during Pregnancy and Parturition, etc.

DR. DUDLEY, recalled the attention of the members to the fact that Dr. Marsden had some years ago strongly recommended *Actea racemosa* to forward the process of labor, when this process was retarded by rigidity of the os uteri. The regular use of the drug for two or three weeks before labor will always exhibit its effects in a complete relaxation of the fibres of the os and cervix. Its administration even during labor furnishes almost marvellous results. He related three cases in which slow and tedious labors had been brought to a speedy close by a few doses of the tincture in water, every fifteen minutes, and without increasing the violence of the expulsive efforts.

DR. MARSDEN had used it in many cases and with complete success. It was no uncommon thing for women living at a distance to send to him for "the medicine that makes labor easy." A woman who had usually been a long time in labor, used the *Actea rac.*, and was so soon "over it" that no doctor was sent for.

DR. SEIP stated that Dr. Hoffman and himself had frequently used the *Macroton 3x*, 1 to 2 drops every half hour, in cases of rigid os uteri, and had seen very few cases which had not been speedily relieved by it. He never attempted to force dilatation without the use of chloroform; he had never seen hæmorrhage to result from its use.

DR. C. A. STEVENS had seen good effects from *Caulophyllum 6th*, when used night and morning for three or four weeks before labor.

DR. B. W. JAMES' experience with *Caulophyllum* was similar to that of Dr. Stevens. On the other hand he had frequently been able to relieve, "false pains" by means of *Ignatia*. He related a case to show that even natural labor might perhaps be delayed for a time by its use. He used the *Caulophyllum* to bring on labor pains. He did not know that the action of these remedies is homœopathic to these cases. He gave them simply on general physiological principles.

DR. McCLELLAND expressed surprise that the two remedies spoken of in the discussion should exert influences so similar in their character. He also asked whether Dr. Marsden had employed the true *similimum* in his cases before resorting to Ergot.

DR. MARSDEN said if he knew of a remedy homœopathic to any case, he should give it in preference to Ergot or any other remedy. He desired, however, to reach the best result by the shortest possible road. He had used both *Actea* and *Caulophyllum*, preferring the latter in case of much pain occurring a week or two before labor. He had thought these "premature" contractions might be nature's method of securing the proper position of the fœtus. Sometimes, however, the pains appear to be neuralgic in their character, and *Caulophyllum* relieves them.

DR. FRIESE. "Both these drugs belong to the *Cohosh* family, and this may account for their similarity of action. Ergot, for inertia, should be given in large doses. And the same principle applies to other remedies." He had used *Aconite* even in collapsed states and with good effect.

DR. JAMES used Ergot in inertia to secure its physiological effect. He regarded it as a purely common sense mode of treatment.

DR. DUDLEY, alluding to the qualities possessed by *Caulophyllum*, of contracting the expulsive fibres and of relaxing the retaining fibres, quoted a remark of the late Dr. Williamson to the effect that it is possible that a perfectly normal and healthy labor may be unattended with pain. He (Dr. Dudley) conceived that the two processes, relaxation of certain fibres and contraction of certain others—are both essential to healthy parturition and may both originate in a common source upon which *Caulophyllum* may exert its specific action.

DR. MARSDEN's paper was then accepted and referred to the committee of publication.

DR. FRIESE read his paper entitled "Two cases of *placenta prævia*," which was accepted and referred.

DR. MACFARLAN's report of "Cases in Obstetrical and Gynecological Surgery," was next presented by Dr. McClatchey.

DR. MCCLATCHEY also read a paper prepared by himself, entitled: "On Making Vaginal Examinations." Both these papers were accepted and referred to the Committee of Publication.

DR. MCCLATCHEY likewise exhibited and explained the action of Braxton Hick's cephalotribe, manufactured by Mr. Gemrig, of Philadelphia; Gemrig's improvement of Albert Smith's useful speculum, and Mr. Jacob Teufel's improvement of Braun's perforator, doing away with the hurdy-gurdy screw motion by substituting a wheel movement in the axis of the shaft. The bureau was then declared closed.

Organization, Registration and Statistics.

The report and papers of the *Bureau of Organization, Registration and Statistics* were presented by Dr. Pemberton Dudley, chairman of the Bureau. He announced that committees had been appointed to

organize county and district societies in places where such societies do not exist, as required by a resolution adopted at the last session, and suggested that when new societies are organized, it should be with the understanding that in order to retain membership therein, physicians *must* contribute their equal share, not only of the expenses, but also of the work. He intimated that such a society would probably be organized shortly in Philadelphia.

DR. YOULIN thought the Bureau of Organization, Registration and Statistics had charge of one of the most important branches of our work. In his own State it has been the medium through which physicians have been directed to good locations and destitute and important fields have been occupied. In reference to the organization of societies upon the basis of an equality of labor, he said there was such a society in New Jersey and one in New York.

DR. M. FRIESE read a brief history of the rise and progress of homœopathy in Dauphin county. He stated that it had been introduced into Harrisburg in 1838, by a Dr. Becker, and since that time had so increased in that city that it is now the dominant practice.

These papers were appropriately referred, and the Bureau closed.

DR. JACOB G. WIESTLING, of Harrisburg, tendered his resignation upon the ground that he would not belong to a society which admitted women to membership. On motion, his resignation was accepted, provided his dues are found to be paid.

The report and papers of the *Bureau of Miscellaneous Subjects* were then presented by Dr. J. B. Wood, of West Chester. These comprised a paper on "Electricity as a Therapeutic Agent," by Dr. H. R. Fetterhoff, of Newville, which was read by title and referred; and a paper on "Tobacco," by Dr. J. B. Wood, of West Chester, which was also accepted and appropriately referred.

The following resolution was offered and adopted:

Resolved, That instead of the appointment of delegates to other societies, the secretaries be and they are hereby instructed to solicit an exchange of publications with said societies, and from these prepare an annual report of their condition and prospects, and present the same at the annual session of this body.

A Homœopathic State Lunatic Asylum.

DR. J. N. CLARK, of Harrisburg, offered the following preamble and resolutions, which were on motion adopted:

Whereas, The lunatic asylums of this State, owing to their present overcrowded condition, are inadequate to the wants of our increasing population, and

Whereas, The medical practice of the existing asylums is exclusively allopathic, thus debarring our patients from their chosen system, and

Whereas, We believe that under homœopathic treatment, mental diseases are less formidable, the time required for their cure much shorter, and the number of incurable patients less than under any other system of medical practice; therefore

Resolved, That this Society recognizes the necessity for an addi-

tional lunatic asylum, in which patients should have homœopathic treatment, and that we will aid in its establishment.

Resolved, That a committee be appointed to prepare plans and solicit subscriptions for the organization and construction of such an asylum, and that said committee be empowered to prepare a memorial to be circulated throughout the State for signatures, asking the Legislature to authorize the establishment and speedy erection of such an institution, where the medical treatment and the general regimen shall be exclusively in charge of the homœopathic profession, under the proper supervision of the State.

The report of the Necrologist, Dr. W. R. Childs, of Pittsburg, was read by Dr. J. H. McClelland. Accepted and referred.

The secretary was instructed to request all members of the Society to notify the Necrologist of the decease of members.

Respect to the memory of the late Dr. David James.

The following resolutions on the death of Dr. David James, were presented by Dr. McClatchey and adopted by a rising vote :

Resolved, That in the death of Dr. David James, of Philadelphia, the Society recognizes the loss of one of its oldest and most highly esteemed members.

Resolved, That as an able exponent of homœopathy, Dr. James has been deservedly held in high esteem, and that his many qualities of head and heart have endeared him to all who shared the pleasure of his acquaintance.

Resolved, That the sympathies of this body are tendered to the bereaved family of the deceased, and that a copy of these proceedings be properly engrossed and forwarded to them.

Votes of thanks were then tendered the Clerk of the House of Representatives for the use of the hall of the House ; to the newspaper press of Harrisburg for full notices of the proceedings, and especially to the *Telegraph* and *State Journal* ; to Forney's *Press*, of Philadelphia, and the *Pittsburg Commercial*, for unusually full reports ; and to the officers of the society for faithful performance of duties.

The society then proceeded to the election of officers for the ensuing year, with the following results :

President—Dr. Chas. A. Stevens, of Scranton.

First Vice President—Dr. Isaac Lefever, of Harrisburg.

Second Vice President—Dr. W. F. Speth, of Lewistown.

Recording Secretary—Dr. M. M. Walker, of Germantown.

Corresponding Secretary—Dr. Pemberton Dudley, of Philadelphia.

Treasurer—Dr. R. J. McClatchey, of Philadelphia.

Censors—Drs. B. W. James, of Philadelphia ; C. P. Seip, of Pittsburg ; A. Korndorfer, of Philadelphia.

Necrologist—Dr. Wm. R. Childs, of Pittsburg.

Orator—Dr. J. H. Marsden, York Springs.

Alternate—Dr. J. H. McClelland, Pittsburg.

It was moved and carried that when the society adjourns it be to meet in Philadelphia, on the first Wednesday in October, 1874, that hereafter meetings be held in Philadelphia, Pittsburg and Harrisburg,

in rotation; and that the standing resolution in reference to meeting annually at Harrisburg be repealed.

DR. J. J. YOULIN invited the members to attend the meeting of the New Jersey State Medical Society, at Trenton, on Wednesday next.

A vote of thanks was tendered to the Dauphin County Homœopathic Medical Society for courtesies to members.

The secretaries presented certain bills which were ordered to be paid.

The Philadelphia County Medical Society was appointed a Committee of Arrangements for the next meeting.

DR. J. N. CLARK was appointed chairman of the Committee on Lunatic Asylum, with power to associate four others with him.

It was stated that the transactions of the last and present sessions would be published and bound together, whereupon it was ordered that the Committee of Publication be authorized to furnish to members received at the present session the transactions of both sessions.

DR. J. H. McCLELLAND moved, and it was carried, that the editor of *Hahnemannian Monthly* have the usual privilege of publishing such parts of the proceedings and papers of the society as he may wish, in advance of the issue of the volume of Transactions.

Appointments.

The president then announced the following appointments:

Bureau of Materia Medica.—A. Korndorfer, Philadelphia; David Cowley, Pittsburg; Jacob Jeanes, Philadelphia; Charles A. Stevens, Scranton, and Isaac Lefever, Harrisburg.

Bureau of Clinical Medicine.—B. W. James, Philadelphia; M. Friese, Harrisburg; H. H. Hoffman, Pittsburg; Joseph E. Jones, West Chester, and W. J. Blakely, Erie.

Bureau of Surgery.—M. Macfarlan, Philadelphia; J. H. McClelland, Pittsburg; L. H. Willard, Allegheny; J. C. Burgher, Pittsburg, and J. J. Detwiller, Easton.

Bureau of Obstetrics and Diseases of Women and Children.—R. J. McClatchey, Philadelphia; J. H. Marsden, York Spring; M. Preston, Norristown; C. P. Seip, Pittsburg, and Harriet J. Sartain, Philadelphia.

Bureau of Organization.—P. Dudley, Philadelphia; H. Detwiller, Easton; J. H. Buffum, Pittsburg; W. H. Cook, Carlisle, and R. C. Smedley, West Chester.

Bureau of Miscellaneous Subjects—J. B. Wood, West Chester; H. W. Fulton, Pittsburg; Edward Reading, Hatboro'; J. E. James, Philadelphia, and L. B. Hawley, Phoenixville.

Delegates to American Institute of Homœopathy—Drs. M. Coté, M. M. Walker, S. R. Rittenhouse, John E. James, J. C. Morgan, Isaac Lefever, M. J. Koenig, W. F. Speth, and J. H. P. Frost.

Committee of Publication—Pemberton Dudley, M.D., of Philadelphia; M. M. Walker, M.D., of Germantown.

Committee on Charter—R. J. McClatchey, M.D., of Philadelphia, Chairman; J. C. Burgher, M.D., Pittsburg; J. K. Lee, M.D., Philadelphia; R. Ross Roberts, M.D., Harrisburg; B. W. James, M.D., Philadelphia; M. Coté, M.D., Pittsburg; M. Friese, M.D., Harrisburg; S. T. Charlton, M.D., Harrisburg.

The Society then adjourned.

M. M. WALKER,
PEMBERTON DUDLEY,
Secretaries.

THE HAHNEMANNIAN MONTHLY.

Vol. IX. Philadelphia, December, 1873. No. 5.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

MORNING SESSION.

THIS association convened at the secretary's office, Syracuse, N. Y., September 18th, 1873, at 10 A.M., the Vice President, Dr. Schenck, occupying the chair. There were present twenty-five members.

The minutes of the previous meeting were read and approved.

A communication on Phthisis Pulmonalis, from Dr. C. C. Smith, of Philadelphia (published in August number, *Hahnemannian Monthly*) was read by the secretary. Dr. Stow moved its acceptance and the tender of a vote of thanks to the author, which was unanimously agreed to.

DR. S. W. JONES reported several Surgical Cases as follows :

Surgical Cases.

Case 1. Abscess of the Liver, etc. During the month of December, 1869, I was called to see a Mrs. Lyon, of Northville. Her age was about 35. She had then been ill for about three weeks. She complained of pains in the left arm, shoulder, side, hip, and down the limb to the knee. The tongue was not much coated; the pulse about 96; fever more during the afternoon; not much appetite; the pains were of a burning character. This state continued for about three weeks, when she began to cough and to expectorate freely what seemed to me to be pus, and the symptoms became aggravated.

On examination of the left lung, at least the lower lobe, the respiratory murmur could scarcely be heard. About this time I observed a bulging out of the intercostal spaces of the left anterior side of the chest. I came to the conclusion there was pus in the pleural sac, and, by means of a trocar and canula, evacuated about a pint of thick, yellow pus, the puncture being made between the sixth and seventh ribs. I had to push the trocar clear through the walls of the chest into the pleural sac. This abscess kept discharging quite freely for about four weeks longer, when the cough entirely ceased and the discharge became almost nothing. At first the appetite improved and the pulse went down, and great hopes were entertained of her recovery; but soon I detected a swelling on the right side. This I punctured with a lancet and discharged about a pint of pus. After this she rallied somewhat again, but soon ran down again, began to expectorate pus and to discharge it from the bowels. Thus pus was being discharged from four different sources, the first opening in the thoracic wall, which began to discharge more freely, the second opening, the lungs and the bowels. She gradually ran down until the following June, when she died. There was swelling of the feet toward the last and bloating of the abdomen. A *post-mortem* examination was had which revealed an abscess of the liver, perforation of the transverse colon and perforation of the left pleura.

Case 2. Ovarian Tumor. I was called to attend a *post-mortem* examination, in May last, on the body of a lady who had suffered for the past twelve years from ovarian tumor. It had attained the most of its enormous size within the preceding two years. She had been attended at different times by at least five or six physicians, and they all diagnosed it as an encysted tumor. Dr. Briggs, of Auburn, saw it two years ago and then proposed to remove it, but the family were poor and failed to raise money enough, so it was not done. Toward the close of her life, her limbs and abdomen became bloated, and her physician had tapped her and drawn off quite

a large quantity of fluid several times. He had supposed he was drawing this fluid from the cysts, but upon examination the fluid was found to have been external to the tumor and the tumor itself was solid. We took it out and it weighed between thirty and forty pounds. It had no attachments whatever except a small pedicle less than one and a half inches in diameter. I cut down into the tumor and found it to be solid throughout, and apparently just what the ovary itself would be if enlarged to that extent. What I wish to show by this case is the error in diagnosis as to its being encysted, and to state that in my judgment it might two years before have been removed with perfect safety, as the lady's health at that time was such as would warrant an operation, and her age was under forty-five.

Case 3. Amputation of Frozen Toes. In January, 1867, Ira Hyde, a young man, had the toes of both feet frozen whilst teaming in the woods. I did not see him until he had made all the applications to them that all the old women in the neighborhood suggested, such as kerosene, slippery elm, etc. I very soon exhausted my resources and found it impossible to save them, and accordingly amputated the toes of both feet close to the tarso-metatarsal articulation. They were a long time in healing, on account of the frozen condition of the feet, but after they did heal up so that he could wear a boot, he went round as well as ever, and no one would imagine from his walk that he had lost his toes. This would seem to show that although the toes give a certain elasticity to one's gait, they are not really necessary to secure a good square gait.

Case 4. An unusual Fracture of the Tibia. Three weeks ago last Saturday, Mr. N. C. Stout, of Groton, in stepping off a train while it was under motion, in some way lost his balance, fell and fractured both bones of the leg just below the knee; the tibia about one inch higher up than the fibula. I saw him a few hours after the accident and attended to the fractures. He is now on his back with the limb on a double inclined-plane splint, and I imagine it will be some weeks be-

fore he gets around. I cite this case to show the location of the fracture, as I never saw one in just that region, and I imagine fracture of the thickest part of the tibia below the knee-joint to be very rare indeed.

THE SECRETARY reported a case of croup cured by Calc. carb.²⁰ and Laches.²⁰, as follows :

Croup—Calc. carb.²⁰⁰ and Lachesis.²⁰⁰.

A large, fleshy boy, with large head, blue eyes, light hair and complexion, of leuco-phlegmatic constitution, during dentition had an attack of croup, which had continued all night. There was profuse scalp-sweat, particularly of the occiput and nape of the neck. Each inspiration was hoarse, rough, loud enough to be heard in the street, and difficult, causing the child to cry out with pain. During inhalation, the cheeks and supra-sternal fossa were each time forcibly drawn inwards, indicating spasm of the glottis. The face wore a purplish hue. During the night the mother had given Acon., Spong. and Hepar, which had afforded only partial relief. Afterwards a neighbor had employed allopathic palliatives. The patient was vomited with Ipecac. and largely dosed with lard and alum. Onion draughts were applied to the feet and onion poultices to the chest, but all to no purpose, the child steadily and gradually becoming worse. It seemed that unless speedy relief could be obtained the case must soon result fatally. The mother said that her previous child had died from a precisely similar attack. The draughts and poultices were first carefully removed. There was an aggravation of the croupous symptoms invariably after sleeping. Hence, Calc. carb. and Laches. were plainly indicated. But the former remedy was selected to commence the treatment on account of the strongly marked calcarea-constitution and the fact that I had previously cured the child of dentitional diarrhoea with that remedy. A powder of the 200th placed on the tongue in this emergency acted miraculously in an incredibly brief space of time, and in fifteen minutes the child slept quietly, with an occasional hoarse inspiration which

would awaken him. For about thirty-six hours the case steadily improved under this remedy given once in two or three hours. Then as there was a considerable aggravation after sleeping, *Lachesis*.²⁰⁰ soon completed the cure. A lady of allopathic proclivities, who witnessed the progress of the case, declared herself converted thereby to the system of Hahnemann. With *Calc. carb.* I had previously made a good cure of a case almost precisely similar, except the aggravation after sleep, and this after the mother had failed with the ordinary homœopathic remedies. Yet I do not remember to have seen this remedy, *Calc. carb.*, mentioned in the list of croup medicines. The cases show the importance of considering the constitution as well as other conditions before selecting the remedy.

DR. DAGGETT also reported a case of croup cured by *Calc. carb.*, selected on account of the calcarea-constitution. The same disease subsequently returning was cured by the same remedy.

DR. STOW reported several surgical cases. (See page 206 of this number.) Dr. Stow also reported the following cases:

*Chronic Laryngitis—Phosphorus*³⁰.

Case 1. Mrs. F., æt. 47; had laryngitis some six years. Cough, with free and easy expectoration of sweetish, or musty, yellow matter. Frequent hæmoptysis, and hemorrhage of quite large quantities of blood, warm and fresh. She was thin, pale, has blue eyes, light brown hair, her condition passive and painless. Saw her first, August 8th. She has tried the principal allopathists in Boston and Fall River, but to no purpose. Gave her *Phosph.*³⁰, three prescriptions of ten powders each. Has had no hemorrhage since the first prescription, and the cough has ceased. She now has only occasional hawking of mucus mixed with a little phlegm. She is much better generally, and rides and walks long distances, which she dared not do before.

Case 2. Burritt P., of Fulton, N. Y., called on me in Aug. or Sept. of 1871. Had passive but copious hemorrhage of blood from the lungs, bled *profusely* unto fainting, cold sweats, and much prostration; had to be bolstered up. No pain;

hemorrhage coming on suddenly. It seemed as though the blood vessels were too frail to hold the blood. He had Iron, Hamamelis, Cinchon, etc., to no avail. One prescription of Phosph.³⁰ stopped the hemorrhage and improved his general condition very much. Had no more hemorrhage I believe from that day to this, September 28th, 1873.

DR. BALL reported the case of a neighbor who awoke one night from sleep thinking that he was raising blood, put on his pants, stepped out on the piazza, sat down and soon afterward expired. No post-mortem was made. The doctor requested the opinion of the society in regard to the nature of the disease. Patient was full-chested, looked pale. Was not certain that he had blue lips. Some of the members suggested apoplexy of the lungs.

Ulcers.

DR. PALMER reported a case of irritable ulcer cured by the local application of muriated tinct. of iron, as follows :

Indolent Ulcer.

In the number for May of the current volume of the *N. E. Med. Gazette* was an article by Dr. J. H. Sherman, of Lynn, Mass., detailing his treatment of cases of indolent ulcer of the extremities by the local application of muriated tincture of iron and bandaging, in connection with the use of internal homœopathic remedies.

Having among my patrons a case for which I had formerly prescribed (without any benefit), I decided to try this treatment. My patient was a lady sixty-five years old, who had an indolent ulcer on the inside of the left leg, of about four years standing. Its larger diameter was four inches ; edges irregular, elevated and quite irritable ; about half an inch deep in the centre and discharging an ichorous pus. The limb was swollen to the knee, discolored and painful.

She suffered much from heat and an almost intolerable itching, so much so as to frequently deprive her of sleep.

I had treated her two years previously, depending at that time upon internal remedies, using *Sulphur*, *Silic.*, *Arsen.*, *Calc. carb.*, and others, mostly in two hundredth potency

with little or no benefit. She had since tried various ointments, salves, patent and domestic remedies with no avail.

On the 3d of June, last, I visited her and proposed to again undertake the treatment of her case, to which she gladly assented. I cleansed the ulcer with warm water and castile soap, dried it carefully, and, with a camel's hair brush, painted it with the muriated tincture of iron. After placing a soft compress on the ulcer, I bandaged the limb tightly from the toes to the knee, and directed the same dressing repeated every twenty-four hours. The first night there was marked relief from the heat and itching; the swelling began to subside, and improvement has steadily gone forward from that time until this date, Sept. 14th. The ulcer appears to be healed; the color of the limb is nearly normal, the swelling is gone, and every appearance indicates a perfect cure.

No internal remedies have been given, as I was anxious to know what cured, if a cure took place.

DR. JONES. The ulcer was probably cured by the bandage.

DR. PALMER. No. It was cured by the lotion. Two years previously I had carefully bandaged it in the same way without effect.

DR. BOYCE inquired if any members had cured indolent ulcers with internal remedies alone.

DR. HAWLEY had cured two such cases with internal remedies. Drs. Swift and Gwynn had each cured such cases by the internal administration of homœopathic remedies. Dr. Ball had cured an ulcer caused by a burn with Mercury.

DR. GWYNN reported a case of indolent ulcer cured by Lachesis; indication, blue color.

AFTERNOON SESSION.

Dysentery and Dropsy.

PRESIDENT BENSON called the meeting to order.

DR. YOUNG reported a case of anasarca with dysentery. Frequent evacuations of jelly-like mucus, with blood and shreds of mucous membrane. Enormous distension of body and limbs. Flesh cold, white and shining and pitting on pressure. Urine scanty and high colored. Great exhaustion after evacuation. Tongue dry and brown; great dyspnœa. R. Arsen.⁶ once in two hours, continued two days. Dysentery

cured but dropsy now worse. Patient felt as if she would burst. Apis³ every two hours. Little change. Pain in liver and spleen. Mercur.⁵ every two hours. Next day dropsical symptoms improved. R. Mercur.³ Patient worse. R. Mercur.⁹ Gradual improvement and recovery.

THE SECRETARY made the following report on dysentery and diarrhœa :

Dysentery and Diarrhœa, by H. V. Miller, M.D.

Dysentery consists in an inflammation of the mucous membrane of the large intestine, attended with fever, tenesmus, colic, burning pains in rectum and anus, and frequent discharges of bloody mucus. At first there may be loose fecal evacuations, afterwards there is constipation of the bowels. When the latter symptom is removed, the case is convalescent. This disease often prevails epidemically during the summer and fall, and then it is very contagious. It may result from taking cold, getting wet, eating unripe fruit or almost any occasion when a predisposition exists. The most important remedies, because most frequently indicated, are Nux vom. and Mercur. In fact, the majority of cases are promptly and brilliantly curable simply by the administration of either the one or the other of these remedies, according to the symptoms. In exceptional cases other remedies may be demanded. Differentially considered, in Nux vom. there is pressing pain in the back, and pain before and during the discharge is relieved afterwards. In Mercur. there is great tenesmus afterwards; there is more colic and there is aggravation at night.

In *Diarrhœa* the discharges from the bowels may be loose, watery, acrid, undigested, slimy and even bloody. They are preceded by more or less of sharp colicky pain. There may be fever, nausea, flatulence, anorexia, etc. There is more or less of irritation and inflammation in the stomach or some portion of the bowels. When the inflammation is confined to the upper portion of the small intestines, constipation may be present, and when the extension of the inflammation causes obstruction of the gall-ducts, there is jaundice. The primary causes are, overloading the stomach, improper food, bolting the food, the use of purgatives, taking cold, mental emotions, etc. The symptoms and treatment are variable, depending upon the causes and the locality affected. The discharges are but the effects of disease, hence merely checking these effects or suppressing a diarrhœa is not a rational mode of proceed-

ing, but the causes themselves must be removed. Homœopathic remedies are designed to be accurately adapted to the symptoms of a case. When this is done, they must quietly but completely remove the causes, and the effects can then safely take care of themselves. The proper treatment of a diarrhœa is always important, and often furnishes the key to the cure of various affections, of which the bowel-complaint may be but a secondary effect.

The Habit of Bolting Food.

The improper ingestion of food is a prolific cause of dyspepsia, bilious affections, flatulent colic, diarrhœa, constipation, etc. When mastication is defective, either on account of bad teeth or neglect to properly use good ones, the food is neither sufficiently pulverized nor insalivated, both of these processes being essential to healthy nutrition, especially when food is taken in substance. Complete insalivation does not take place until the food is well masticated. Some animals are said to be provided with such powerful digestive solvents that in their case mastication is not required. But many specimens of the human species have tried the experiment of dispensing with mastication to their detriment.

During the past summer I found on inquiry that many cases of cholera morbus were directly occasioned by bolting the food, and especially such articles as green corn, which on account of its tough, skinny hull requires an extra amount of pulverization to prepare it for digestion. In nearly every instance these patients were accustomed to bolt their food, thus preparing the way for a more violent attack than they might otherwise have suffered. Some years ago, many patriotic Americans expressed great indignation because Charles Dickens in his "American Notes" criticised our national custom of fast eating. Yet the justice of his strictures was afterwards by many admitted. When business men fairly commence the battle of knives and forks, they generally *mean business*. On account of the urgency of their affairs they cannot afford to waste much precious time in the tedious processes of mastication and insalivation. Hence it might be well to have their food pulverized by machinery before it is brought to the table. In this way the danger of overtaxing the digestive organs might be to a great extent obviated. Or if these subjects had been kindly provided with gizzards instead of stomachs, they

could grind their own grist without the bother of mastication, and without dependence upon a physician.

In an obstinate case of chronic diarrhœa, attended with flatulence and severe palpitation of the heart, it was ascertained that the patient had carelessly acquired the habit of bolting his food on account of the urgency of his business. After correcting this habit very little medication was required. His digestion soon became normal, and then his general health was greatly improved.

THE SECRETARY reported the following cases of

Cholera Infantum.

1. Case with some nausea and vomiting, stools *light green* or an *arsenic green*; cured by Ipecac⁶.

2. A child fifteen months old had cholera infantum three months; not much nausea or vomiting; gradual emaciation; stools light colored, deficient in bile; not very offensive; undigested; frequent, excoriating; pale complexion; various remedies apparently indicated had failed. Case cured by eating blackberries freely several weeks.

3. A neglected case of cholera infantum had continued to get worse for several months. The child, eighteen months old, gradually became emaciated. Several prescriptions made according to the character of the evacuations failed to produce any favorable response. Then it was observed that the child was afraid of downward motion, clinging to its mother's arms in a frightened manner. Downward motion probably occasioned vertigo. Borax²⁰⁰ immediately gave great relief and proved to be the proper remedy to commence the treatment. Next Chamom.⁶ was given, being indicated by excessive crossness and fretfulness. This remedy controlled the irritability and nearly completed the cure of the bowel complaint. Next, stools became very clay-colored, involuntary, profuse and excoriating; borders of the tongue appeared as if gnawed out at different places. Sulph.³⁰ removed all the symptoms except simply frequent loose stools, which Podophyl.³⁰ promptly cured.

Dysentery and Diarrhœa again.

DR. BALL reported cases of dysentery cured by the 200th when the 30th of same remedy had failed.

DR. DAGGETT mentioned the case of a little girl having diarrhœa, with painless, rice-water evacuations; the blood had settled under the eyes and nails. Arsen. and Cuprum speedily cured.

At the request of Dr. Boyce, the secretary read an article in the *Hahnemannian Monthly* by Dr. C. Preston, on the treatment of dysentery. Nux vom., one dose, or a few doses, cured all the cases mentioned.

DR. BOYCE commended this paper. Twenty years ago he used several remedies in alternation in dysentery as well as other diseases. His cases continued much longer than afterwards when he got right down to work and prescribed the single remedy. He did not always succeed now but had obtained wonderful results, curing patients that seemed to be beyond human aid. In a desperate case that had baffled all his skill, he finally discovered strong indications for Arsen.—great thirst but drinking little at a time; profuse, watery, brownish, offensive stools; vomiting after drinking; etc. A single dose of Arsen.³ was followed by decided improvement, but a repetition of the dose was immediately succeeded by an alarming aggravation of all the symptoms. Afterward without further medication the patient recovered. The said rapid alternation and repetition were damaging to our success.

DR. SPOONER reported a case in which the single remedy in a low potency succeeded beyond his expectations. Had seen good effects from both high and low dilutions. Case of dysentery with mucous stools and tenesmus: R. Mercur.³

DR. GWYNN sharply criticized Dr. Preston's cases reported in the *Hahnemannian Monthly*. Some of the cases reported as cured by Nux had green slimy stools streaked with blood, with tenesmus after stool; indications of Mercur. Who would give Nux in such a case? There is relief of pain after stool when Nux is indicated. He reported a case of dysentery succeeding the ingestion of corn, etc. A woman had eaten corn and many more things for supper. The bowels were distended with unmasticated and undigested food which was causing great irritation. It was all nonsense to suppose that one dose of Nux would cure such a case. He gave her a dose of oil, thus getting rid of the corn, etc., and then cured the dysentery by Nux vom., followed by Mercur. Common sense showed that the corn ought first to be removed to dispose of the cause of irritation. Some members seemed to scoff at cures made by low dilutions and the use of oil to remove foreign matters. He used either high or low dilutions and obtained good results from either.

DR. BOYCE believed that oil was sometimes curative in dysentery. He related cases thus cured by allopaths. He had no

doubt but that this drug was often curative also in diarrhœa. Could not give the specific indications. Reported a case of dysentery. Patient could not protrude the tongue, which caught on the teeth. During a nap, restlessness, dyspnœa, distress and then *stinking* stool. Remedies did no good until he gave Laches.²⁹ No discharges followed. Cured in twenty-four hours.

DR. SPOONER with Laches.³¹ cured a case of dysentery when oil and morphine had failed. Indication: shivering without coldness.

DR. BALL with Merc. cor., cured a case of dysentery with straining and discharge of almost clear blood.

Another case with severe tenesmus, headache, red face, rapid pulse, opisthotonos, frequent stools of bloody slime and sensation during stool as if the uterus would be expelled, was cured in a few hours by Bellad.³⁰, and Merc. cor.³⁰, in alternation.

THE SECRETARY. Belladonna includes all the symptoms of this case.

THE PRESIDENT had proved Petrol. and experienced as its marked effect a weak, empty feeling in the bowels. When this symptom occurs in diarrhœa or dysentery, Petrol. quickly cures the whole case.

DR. CLARY found Crot. tig., curative when there were discharges of white mucus or green mucus and profuse serous discharge; expulsion sudden and forcible; advanced cases. Thinks dysentery not generally epidemic nor usually contagious. Expects cases to continue about as long as bilious fever.

He sometimes used high potencies apparently with good effect. Might learn to use them oftener. Had practiced medicine for forty-five years. Should retire when he had completed the half century.

DR. BOYCE congratulated Dr. Clary on taking advanced ground and performing cures with the single remedy. It augured well for the future of homœopathy.

DR. HAWLEY. Castor oil is admissible in a few cases but we have a more certain means of cure. Much good is done palliatively and otherwise outside of homœopathy. But inside we can do better.

DR. SWIFT advised oil to expel the contents of an overloaded stomach. He advised the judicious use of any remedy.

But in inflammatory conditions *Mercur.* is the standard remedy, yet *Acon.* must not be overlooked.

DR. CLARY recommended *Acon.*, especially in high localities remote from miasmatic districts.

DR. C. BAKER related a cure by *Croton tig.*, the case being characterized by a gushing stool.

DR. HAWLEY would have his patients refrain from stool as long as possible. He forbade food except when there was a craving for it. Then he allowed but little at a time. Gave plenty of cool water—not ice water—and required rest. He had been taught to treat dysentery with cathartics followed by an anodyne. Though there might be other laws of cure besides that developed by Hahnemann, the latter was certainly the most effectual.

DR. CLARY inquired the proportion of cures in dysentery made by the members present.

DRS. BOYCE, BALL and SEWARD cured all except in epidemics.

DR. SWIFT said that when called early he never lost a case.

DR. SEWARD never lost a case. DR. HAWLEY had lost but two.

DR. BALL reported a case of chronic diarrhœa; abdomen of child enormously distended; brownish yellow stools, *Calc. carb.*^{3c}. Better. Then white mucus, and *Helleb.* completed cure.

DRS. SEWARD and CLARY gave warm drinks and very little food. They made warm applications to the bowels.

DR. JONES scorched rice, poured water on it, and used this as a drink.

DR. STOW, of Fall River, Mass., with emotion alluded to his past pleasant and profitable association with this society. He was extremely gratified to hear this discussion. He testified to the value of homœopathy. The more experience he had with this system the greater became his confidence in its efficacy. He used all potencies and the single remedy, which it was necessary to prescribe according to the drug-relation. If we are true to our principles, allopathy will, within fifty years, be driven to the wall. He found much dysentery and typhoid fever in Fall River. The latter was there very fatal. *Arum tri.* gave great benefit in some cases. Indications: lips and corners of the mouth sore and cracked; excessive salivation; saliva acrid; breath very fetid; picking of the lips;

boring of the nose, etc. In other cases, Bellad. or Bryon. was the remedy. He was driven in business day and night. Did not have time to study up his cases as carefully as was desirable. He cured dysentery in from three to five days. He mentioned indications for remedies in dysentery and diarrhœa.

Dr. T. D. Stow's indications for Remedies for Dysentery and Diarrhœa.

Aconite. Dysentery with full, frequent pulse, restlessness, anxiety, etc.

Cantharis. He largely uses for bloody, mucous, skinny stool, with suppression of urine and burning during stool.

Calcarea carb. Sour eructations; sour stools; dyspepsia with swelling at scrobiculus; low spirited, feels awe-stricken at night.

Chamomilla. Yellow, chopped, or watery stools; wants to be carried.

Colocynth. Severe cutting pain; doubles up and rolls all over the bed, before stool; green, slimy stool with straining.

Mercurius. Colic, griping and cutting; blood and slime; tenesmus during and after stool.

Nux vom. Ineffectual urging to stool.

Phosphorus. Diarrhœa or dysentery with thirst and vomiting as soon the water gets warm.

DR. HAWLEY. The physician must study as hard as he can to find the curative remedy.

DR. SEWARD gave the homœopathic indications for Morphine²⁰, which he had verified: Trembling before and during a thunder-storm (occasioned by the electrical state of the atmosphere).

THE PRESIDENT appointed the following committee to select a subject for discussion at next meeting: Drs. Miller, Seward and Hawley.

Adjourned to third Thursday in December.

SURGICAL CASES.

BY T. DWIGHT STOW, M.D.

(Read before the Central N. Y. Hom. Med. Soc., September 18th, 1873.)

CASE 1. *Fracture of Internal Condyle of Humerus.*

On the — day of May, 1873, Miss Anna C., æt. 26, was thrown from a carriage, striking rocky ground,

and fracturing the humerus of the left arm, through its trochlearic extremity. I found the arm half flexed and pronated, the ulna dislocated backward, and, as is usual with dislocations with fracture, partial immobility. The arm, naturally large, was greatly tumefied and tender. Assisted by Dr. Thos. Capen, of Fall River, I chloroformed the patient and reduced the dislocation and fracture; placing the arm on a straight splint well padded, I kept it there until the acute inflammation subsided and most of the swelling had disappeared. Then I took off the straight splint, and applying a circular bandage to include and gently compress the internal condyle against its fellow, applied a flexible splint to the anterior face of arm and made daily flexions of the fore upon the upper arm. Kept this up for four weeks and then removed the splint. Daily flexion and extension were made for four weeks. She has nearly the full use of the joint, the only remaining difficulty being slight widening of the articulating surface of the humerus and slightly incomplete extension.

CASE. 2. *Tuberculosis of the Sacrum.* Mrs. Keziah Butterworth, aged 30 years; eyes blue, hair light brown, light complexion, sallow, and weighing when well about 125 pounds. Had been sick and tending to emaciation for six years prior to my introduction to her. Her physicians had given her malady the names neuralgia and rheumatism, but had never ascertained its real nature. I report this case not on account of any success attending the treatment of it, but for its interest, and its diagnostic and prognostic value. I was called to see her about April last. She was very pale and worn, and was steadily growing poor; complained of severe pain in her hips and thighs: pains of an aching, cutting, shooting kind, and pains seemingly confined to the os uteri. After treating her for five or six days I requested an examination per vaginum, which she consented to. The vaginal examination revealed nothing remarkable save slight retroversion of the uterus and a ruptured perineum. Passing my finger into the rectum I found a falciform process of that intestine bound firmly down to the sacrum, and imme-

diately below it and but a few lines from the sacro-coccygeal articulation, an opening readily admitting the point of my index finger and from which came a discharge which they supposed was a real leucorrhœa. This discharge was greenish-yellow and foul smelling, and quite abundant. Passing a leaden probe into the orifice I pushed it on and up some three inches. This revealed an extensive destruction of the sacrum. She at times improved but as often grew worse. Her digestive powers remained good excepting the last month of her life. After I had treated her some two months she commenced to complain of pain in her left knee and in the lumbar region. Then also appeared slow tumefaction of the lateral lumbar regions which attained considerable size and was very sensitive to pressure. These symptoms persisted until her death, the left limb being gradually drawn up and flexed upon the abdomen. Fever with a hectic type was constant, with pulse 112 and 120, slow but steady emaciation. During the last month of her existence she had night sweats and occasional diarrhœa. Prior to this constipation was the rule. She suffered much from excruciating pains in her hip, thigh and back, but mostly in the groin and along the sartorius muscle. This condition increased rather than diminished. For months she was obliged to lie on her left side, only changing this for a sitting posture, with some one to hold her up. Her sleep was materially disturbed. The urine, for the most part pale and of not disagreeable odor, was at times high colored, decomposing readily. Its reaction was alkaline. The microscope revealed triple phosphates and pus. About four weeks before her death, I expressed to her husband and friends my long settled opinion that there were even sequestra within the sacrum or lower lumbar vertebræ, and that she could not recover so long as they were not removed; that their removal might be difficult or impossible, and that a section of the sacrum, with the entire os-coccygis might be necessary. She would die as she was, could not do worse, but might be saved by the operation. It was acceded to, and, on the 20th of July, assisted by Dr.

Levi Dodge, of Fall River, we chloroformed the patient and went to work. First I dilated the mouth of the fistula with a drill, and then with sequestrum forceps broke off and crushed points and spiculæ of bone. The entrance of the drill liberated a large quantity of pent up pus, greenish and foul smelling. After breaking off and crushing all necrosed and carious bone within reach, I passed a leaden probe, some seven inches long, up the fistula, its direction and route being the long axis of the sacrum and through its body, apparently entering the first lumbar vertebra. She rallied well after the operation, but after a few days began gradually to fail; her senses holding out to the last. She had two children. At her first labor, the perineum was ruptured from fourchette to anus. During her second confinement, which was very difficult, the os coccygis was broken at its sacral articulation, probably from too straight descent of the child's head upon that bone. She dated her troubles from that time and said she distinctly felt something give away then. Was the origin traumatic? I am treating her sister for hypertrophy of the uterus and a ganglion at the origin of the right sterno-cleido-mastoideus muscle. Mrs. Butterworth had Silic., Hepar, Cinchon., Sulphur, Fluor. ac., together with Acon., Coffea, Pulsat., and Chamom. interpolated at times for febrile exacerbations and sleeplessness. Injections of dilute Sulph. ac. were used to dissolve small sequestræ, upon the authority of Dr. W. Tod Helmuth. Mrs. B. died Aug. 17th.

OFFENSIVE ODORS FROM THE MOUTH *

BY C. HERING, M.D.

P. signifies putrid.

<i>Acon.</i>		p. ^{very} A symptom always to be regarded as very important, dietetically as well as therapeutically. It often indicates the use of too much of one kind of food, particularly too much meat or eggs, or the use of
<i>Act. rac.</i>		
<i>Agar.</i>		
<i>Alous.</i>		
<i>Alumina.</i>		
<i>Alun. P.S.</i>	p.	
<i>Ambra.</i>	p.	

* From the forthcoming *Analytical Therapeutics*.

- 11 *Amm. carb.* 1 p.
 11 *Anac.*
 Angust.
 11 *Ant. crud.* p.
 Ant. tart.
 11 *Apis.* 11 p.
 Argent. nitr. p.
 Armoracea.
 11 *Arnica.* 11 p.
 11 *Arsen.* 11 p.
 Asar.
 Asclep. tub.
 11 *Aurum.* 1 p.
 11 *Baryt.*
 11 *Bar. mur.* 11 p.
 11 *Bellad.* 1 p.
 Berber. 1 p.
 11 *Bismuth.*
 Borax.
 Bovista. 1 p.
 11 *Bryon.* 1 p.
 Cactus.
 Calc. ostr.
 Camphor.
 Canthar.
 Capsic.
 11 *Carb. an.*
 11 *Carb. veg.*
 11 *Castor.*
 11 *Cepa.* p.
 11 *Chamom.* 11 p.
 Chin. sulph.
 11 *Cinch. off.* 1 p.
 Cistus.
 Coccul.
 11 *Coffea.*
 11 *Croesus.*
 Crotal. p.
 Cuprum.
 Digit. p.
 Droser.
 11 *Dulcam.*
 Ferrum.
 Gelsem.
 11 *Graphit.* 1 p.
 Helleb.
 Hepar s. c.
 11 *Hyosc.* p.
 Ignat.
 Indigo.
 11 *Iodium.* 11 p.
 11 *Ipecac.*
 Kali bichr. p.
 11 *Kali carb.* p.
 11 *Kali hydr.*
 Lachesis.

injurious condiments, as horse-radish, garlic, onions, etc., or the abuse of medicines like quicksilver; or is occasioned by the latter being spilled in the room or the ointment put on the bedsteads.

We may lay down as a rule that all things which make the breath offensive, may be injurious, if not while the odors are expelled in the form of gases, certainly as soon as their reaction is checked in some way or another. In the formerly common mercurial cures by salivation, the stench from the mouth was a forerunner of the salivation looked out for and a concomitant symptom of it. If this odor suddenly disappeared the pulse very often became small and frequent and death soon followed. The same has happened with other drugs; for instance the sulphur. We ought to warn every one against the frequent use of all kinds of food and condiments which have to be expelled by such exhalations.

It is absurd to counteract any kind of bad breath by aromatics or perfumeries. Boiled red beets remove some of the smells if chewed; eating pears removes the smell of garlic in particular.

Another cause is the want of washing the inner mouth and brushing the teeth, which in many morbid states is prevented.

It is advisable for such as can bear it to brush first with lukewarm water and afterwards with cold: all the different kinds of tooth-powder—even charcoal, if used every day—may do harm. (See chapter on teeth.)

Many morbid states have the fetid breath as a symptom of more or less importance according to the source of it. It may be the returning air from the lungs and come from the inner surface of the

<i>Lauroc.</i>		lungs (see chapter on breathing); it may be
<i>Ledum.</i>		gas from the stomach; it may be in the
<i>Lycop.</i>	p.	gullet or the corners of the fauces, where
<i>Magn. carb.</i>		mucus may be retained and become de-
<i>Magn. sulph.</i>	.	composed, or the whole membrane may
<i>Mangan.</i>		exhale a gas with bad odor, or the se-
<i>Menyanth.</i>	p.	creted mucus with the repelled epithelial
<i>Mercur.</i>	p.	scales may undergo a morbid fermentation,
<i>Merc. corr.</i>		or the mucous membrane may be ulcerated
<i>Natr. carb.</i>	p.	and the ichor produced undergo a putrid
<i>Natr. mur.</i>	p.	fermentation. It may be from caries of the
<i>Niccol.</i>	p.	bones in the back part of the nose (see
<i>Nitrum.</i>		choanæ), or of the teeth or the maxillary
<i>Nitr. ac.</i>	p.	bones. We have in all such cases the result
<i>Nux mosch.</i>	p.	of a morbid function.
<i>Nux vom.</i>	p.	
<i>Ol. anim.</i>	p.	As this spoiled air is not only exhaled
<i>Petrol.</i>	p.	but also inhaled, particularly during the
<i>Phosphor.</i>		night, when we suffer much more from all
<i>Phosph. ac.</i>		external influences, it must become the
<i>Plumbum.</i>	p.	cause of other and general ailments.
<i>Podoph.</i>	p.	
<i>Pulsat.</i>	p.	We ought not to forget that washing
<i>Rheum.</i>	p.	and keeping the mouth clean removes only
<i>Rhus tox.</i>		the products, never the cause. And all this
<i>Ruta.</i>		as it were mechanically carrying away that
<i>Sabin.</i>	p.	which is produced by a diseased state and
<i>Sarsap.</i>		produces another, necessary as it is, must
<i>Senega.</i>	p.	not be done with too much violence but
<i>Sepia.</i>		only moderately and in a mild way.
<i>Silic.</i>		
<i>Spigel.</i>	p.	All violent removals increase the disease.
<i>Stannum.</i>	p.	It is much better to repeat cleaning the
<i>Stramon.</i>		mouth several times a day, not only in the
<i>Strontian.</i>		morning or after each sleep or repose, but
<i>Sumbul.</i>		particularly in the evening before going to
<i>Sulphur.</i>	p.	bed. Tobacco chewers and smokers ought
<i>Sulph. ac.</i>	p.	never to forget the removal of the second-
<i>Tellur.</i>		ary stench before going to sleep.
<i>Thea.</i>	p.	
<i>Thuja.</i>		
<i>Valerian.</i>		
<i>Veratrin.</i>		
<i>Veratr. alb.</i>		
<i>Verbase.</i>		
<i>Zincum.</i>		

ary stench before going to sleep.

It is horrible to use a so-called disinfectant. The injury done by the old superstition of the doctors, that every newly discovered decomposing substance would do this in all cases of every kind of effluvium, instead of searching carefully for the right antidotes to each kind of poison, has been a source of many and long lasting diseases.

It is absurd and doubly offensive to chew things or use them as mouth-washes which are called aromatic or belong among the perfumes: each is a drug and thus a pathogenetic substance.

To all persons with a well cultivated or acute sense of smell this kind of hypocritical covering is awful.

We have to consider the exhalations of a fetid mouth as one of the most injurious disturbances of social life. Nothing interferes more with the great destiny of man to live socially and in conversation and exchange by language of what originates in the brain; nothing drives more to an injurious seclusion and the egotism fostered by it.

In all diseases the sudden appearances of a fetid breath is an indication of approaching aggravation and fatal changes, particularly in typhoid fevers, pulmonary or scrofulous affections and in ascites. It often makes the death of the child in the womb probable. Its sudden disappearance may indicate the approach of attacks of epilepsy and apoplexy, as was mentioned above in cases of medical poisonings, a sudden fatal termination.

Odor, peculiar: Phosph. ac.; *acid biting*: Agar.

— *sour*: Agar., Chamom., Crotal., Graphit., Niccol., Nux vom., Sulphur, Veratrin, Verat. alb.; *sulphurous*: Nux vom.

— *as from quicksilver*: Ant. crud., Baryt., Mercur., Plumbum, Silic.; *metallie*: Berber.

— *clayey, earthy*: Mangan.; *vapid*: Sumbul.

— *mouldy*: Alum., Natr. carb.; *like pitch*: Caustic.

— *like garlic*: Petrol.; *as after eating onions*: Kali hydr.; *like horse-radish*: Agar.

— *like animals*: Chin. sulph.; *urinous*: Graphit.

— *like rotten eggs*: Bellad.; *like old cheese*: Aurum, Kali carb.; *sourish putrid*: || Graphit.

— *like carrion*: Mercur., Nitr. ac., Nux vom.

Vapor rising up: Sarsap.; *putrid*: Cinchon. off.; *thinks he has a bad odor*: Agar.; *sensation of a bad odor*: Coccul., Indigo; *putrid*: Cinch. off., Lycop.

— *which the sick perceives himself*: Amm. carb., Camphor, Nux vom., Ol. an., Bellad., Hepar, Hyosc., Indigo, Lycop., Podophyl., Spigel.; *unbearable*: Baryt. carb., Camphor, Castor, Hyosc.; *sickening to oneself*: Kali hydr.

— *not perceived by the sick*: Anac., Agar., Aurum, Baryt., Carb. an., Castor, Crotal., | Mangan., Magn. sulph., Mercur.,

Niccol., Nitrum, Nux vom., Petrol., Pulsat., Rheum, Sabin.,
 † Spigel.

— *with vertigo on stooping*: Nux vom.; *with dullness in head*: Sarsap.

— *most horrible stench, with furious headache, attacks with over sensitiveness to light and noise, and depressed digestion*: Apis.

— *smelled in the nose*: Baryt.; *through the nose*: Graphit., Nux vom.; *coming out of the nose*: Graphit. (see ozæna).

— *from the teeth*: Calc. carb., Kali carb.

— *decayed*: Plumbum, †† Rhus tox.; *from the slime on the teeth*: Mezer.

— *fetid*; *gums painful*: Mercur.; *with a good taste*: Nux vom.; *and same taste*: Niccol., Agar.; *with a bitter and spoiled taste*: Baryt.

— *with clean tongue*: Nux vom.; *thick, white coating*: Apis., Carb. veg., Nux mosch., Nux vom.; *not lessened by washing the mouth*: Castor, Jodium.

— *with salivation*: Ant. crud.; *of bad odor*: Petrol.; *bloody saliva*: Catechu.; *with aphthæ and stench of saliva*: Merc. corr.

— *rancid vapor from the throat, self perceptible*: Thuya.; *with much phlegm in the throat*: Magn. carb.; *and dry fauces*: Nux vom.

— *fasting*: Jodium.

— *like the food eaten*: Bar. mur.

— *while eating*: Plumbum.

— *after eating*: † Chamom., Cinchon. off., Nux vom., Sulphur; *after dinner*: †† Chamom., Nux vom., Sulphur.

— *after breakfast*: Crotal.; *worse after eating*: Cinchon. off.

— *with violent pains and sensitiveness to touch in the region of the stomach and epigastrium*: Apis.

— *with nausea*: Sarsap.

— *with thirst and sweat*: Ipecac.

— *with vomiting*: Apis.

— *as from disordered stomach*: Apis., Hepar s. c.

— *costiveness*: Apis.

— *with ammoniacal smelling of urine*: Carb. veg., †† Nitr. ac.

— *in young girls during period of development*: † Aurum.

— *disturbing sleep by dreams*: Apis.

— *with murmuring in sleep*: Apis.

— *at night*: Aurum, Podophyl., Pulsat.

- *towards morning*: Cinchon. off.
- *on awaking*: || Bellad., Lycop., Thea., || Nux vom.
- *morning*: Agar., || Arnic., Arg. nitr., Camphor, Castor, Kali bichr., Kali carb., Kali hydr.; *after rising*: Niccol., Nitrum, || Pulsat., || Silic.
- *after sleep*: Rheum.
- *when rising*: Kali hydr., Hyosc., Mangan., || Sulphur.
- *forenoon*: Sulphur.
- *all day*: Spigel.
- *evening*: Aurum; *after lying down*: Pulsat.
- *getting up*: Sulphur.
- *in typhoid fever, putrid*: | Arnic., || Baptis.

Model Cure. Apis. Violent pains and sensitiveness to touch in region of stomach and epigastrium, with vomiting, dirty tongue, fetid odor from the mouth, costiveness and sleep disturbed by dreams and murmurings. Bishop.

Corrections, additions and corroborations are solicited, to be made use of in the forthcoming *Analytical Therapeutics*.—C. Hg.

THE TREATMENT OF DIARRHŒA DURING CHOLERA EPIDEMICS.

TRANSLATED, WITH REMARKS, BY S. LILIENHAL, M.D.

It is pleasant to see our allopathic brethren leave the barren field of generalization, and examine more closely the adjectiva of a diseased state. Thus Dr. v. Graf distinguishes three different kinds of diarrhœa which he observed this year as well as during the cholera epidemic of 1854.

a. *Catarrhal Diarrhœa.* Preceding or subsequent affections of the mucous membrane of the nose and bowels; always appearing with more or less colicky pains limited to the lower parts of the intestines, and sometimes with tenesmus. *Catarrh of the colon.* Discharges frequent, but small in quantity, of a brown color, like thin mush, with mucous flakes and coagula adhering together, sometimes of a bloody color. Tongue rarely coated, unless there is also gastric catarrh; taste and appetite normal; little or no thirst.

Treatment. The patient has to keep his bed; poultices are applied to the abdomen; mucilaginous drinks are given, and, where the tormina is severe Mixt. gum. c. Opio (R. Opii puri 0,06, pulv. gum arab. 7, 5; tere cum aqua dest. 120. Sach. alb. 7, 5. Dose: tablespoonful every hour.)

This form is most frequently seen at the beginning and end of epidemics. It is mostly caused by catching cold.

b. *Bilious Diarrhœa.* It appears mostly during the hot summer months, is easily provoked by errors in diet, and usually offers the largest contingent to the diarrhœas. Tongue coated yellowish, taste bitter, sticky, appetite diminished, nausea, bitter eructations, even vomituration, thirst, tormina beginning in the duodenum and most intense in the umbilical region, discharges more or less copious, dark-brown, often of a greenish-brown, mushy, of an acrid smell, passing often with a sensation of burning in ano. As the gastric symptoms are in many cases not so distinctly pronounced, and the stools are sometimes not so copious, we find such cases frequently neglected and passing over into choleraic diarrhœa. We recommend such patients to drink small quantities of ice-cold water charged with carbonic acid, limit their diet to some beef-broth from which all fat is carefully skimmed, or, where nausea prevails, order a saturated solution of *Natr. carb.* with lemon-juice 2, 5,—4, 0, and add a small quantity of *Opium* where colic is present. In most cases our patients do not need any medicine; let them remain in bed, keep strict diet and drink their soda-water, and all will be well. Still these cases sometimes become tedious, the patients have several stools a day, and nausea with loss of appetite and coated tongue keep on in spite of treatment. In such cases the apparently contraindicated combination of *Rheum* with *Opium* succeeded (*R. Tinct. Rhei aquos*, 15, 0; *Aqua. meliss*, 90. *Laudani* 1, 25. Dose: tablespoonful every three hours). To prescribe large doses of *Opium* in such cases fails to suppress the diarrhœa and is certain to aggravate the gastric symptoms.

c. *The Bilious Serous Diarrhœa* arises when either of the former forms are neglected, and it may set in primarily with the following symptoms: Stools pass off without the action of the abdominal muscles, sudden, in a moment, copious, often with so very little action of the sphincter that the patients when simultaneously micturating think they have passed water only, with but little fecal smell, at first brown, then light-yellow or of a yellowish-green with flakes; continuous gurgling in the intestines, not, as in the other forms, appearing only before and after the stool, but increased by everything the patient takes; discharges more frequent and at shorter intervals, without colic, with the sensation of water flowing away, often with a chilly sensation in the intestines. During palpation or pressure

of the abdomen a swashing sensation of fluids is felt in the bowels. A lower temperature of the extremities has already set in. This diarrhœa forms the transition state of the serous (rice-water) diarrhœa and cholera, which may set in at any time, sometimes with a fainting spell. If such a diarrhœa lasts a few days only great lassitude follows. Appetite is mostly absent all the time, but we frequently meet nausea, eructations, vomituration and great thirst.

Energetic treatment is necessary. Ice in bladders on the abdomen or the whole abdomen packed in wet cold compresses are necessary, ice-pills and small doses of soda water, and internally R. Acid mur. dil. 2, 5,—4, 0, Aqua dest. 120, Extract Nuc. vom. spir. 0,09—0,12, Muc. gum arab. Syr. sach. ãã 15. Dose: every half hour a tablespoonful. In spite of its nauseously bitter taste, patients take to this medicine, as it changes the diarrhœa in a few hours. I prefer in such cases the Nux vom. to Opium, and give only the latter where patients refuse to take the former. As soon as coldness of the extremities sets in Camphor and Opium ãã gr. $\frac{1}{4}$ pro dosi, should be given every two hours.

Strict diet is necessary for a few days, even where the patient considers himself convalescent, and only with great caution can solid food be given. (*Bay. Int. Blatt*, 36, 1873.)

Remarks. For catarrhal diarrhœa, wherever the seat of the disease may be, Kafka (I, 559) recommends *Aconite*³ in solution, two teaspoonfuls every half to one hour, as the skin soon becomes moist and perspiring and convalescence is established. We find among its symptoms: stools watery, bloody, slimy, mucous, small, frequent (*dysenteric stool*). Aggravation, in summer, with cold nights, after being overheated, etc. Before stool, cutting pains; nausea and sweat; during stool, cutting pains and tenesmus. Bell correctly says, that in the very beginning of acute diseases of the bowels it is possible to cut short dysentery and even cholera morbus; but we have cured with frequently repeated doses of tincture of Acon., genuine asiatic cholera, even when collapse threatened (also several cases of ileus), and changed it to Acon.²⁰⁰ when reaction was fully established.

What Acon. is for a catarrhal summer-diarrhœa, Mercurials are for the bilious form; but still they will disappoint us many a time when the cholera-poison lurks in the air. Mercur. sol. gives us green, mucous, bloody stools, frequent, scanty,

corrosive, sour smelling, with violent and frequent urging, violent tenesmus, bilious vomiting and violent thirst.

There are some cases of summer diarrhœa where a bilious person catches cold and diarrhœa is the consequence, and *Bryon.* will cure such cases in our experience better than any other remedy. From the very beginning debility is prevalent, and instead of the characterizing restlessness we find rather a desire to lie down and remain quiet. The bilious symptoms prevail all through the intestinal canal and the adjectiva of the case will lead us to the selection of *Bryon.* We will find then, that at times it will be indicated in many cases. A saburral state also gives a valuable hint for its application. (We prescribed *Bryon.* more frequently this summer and fall than any other remedy.)

At certain seasons where *Bryon.* corresponds to the genius epidemicus, we will have very rarely any use for *Arsen.*, which covers nearly opposite ground. *Bryon.* and Sulphur are rather phlegmatic; *Arsen.* gives us rapidity of action; in the former love of quietness, on account of the debility; in the latter restlessness and anguish in spite of the exhaustion. *Arsen.* gives us sudden exhaustion and quick emaciation, as if the powers of life were quickly consumed by the burning pains. *Bryon.* on the contrary has coldness prevailing and torpidity of vital reaction, but its action is slow and sure when indicated. Many of our summer complaints this summer were rather more tedious than dangerous, and *Bryon.* was therefore more frequently indicated than *Arsen.* The metallum album of the French can never be indicated in such trivial diseases as a catarrhal diarrhœa, and neither the vomiting nor the stools of *Arsen.* hint at bilious complaints. It gives us rather watery stools, of offensive odor (putridity) and painless, with a tendency to run into spasmodic cholera or to end in dysentery with burning pains in the anus and rectum.

Those sero-bilious discharges mentioned by Graf find a good simile in *Iris versicolor*. We find among its symptoms: excessive watery discharges, preceded by soft and more substantial stools; intense aching, cramp-like pains, with severe rumbling of gas; excessive nausea and vomiting;—all of which point to cholera-like affections; while the bloody mucous discharges with burning in the rectum and anus after the passage, the tenesmus and rectal prolapsus indicate its usefulness in dysenteric affections. Like *Arsen.* the pains are burning from the mouth to the anus, with vomiting, watery diarrhœa

and great prostration, but the diarrhœa of Iris is worse at night and the fetid discharges are of a more coppery smell : hence Arsen. might therefore become the complement of Iris, just as putrefaction may follow decomposition.

A great many cases of diarrhœa pointed this summer to Verat. album, and in many cases where we used it from the very beginning, in grown persons, it cut the disease short. Patients feeling perfectly well during the day were roused from a sound sleep by vomiting and purging, and fainting sensation with every stool, the vomiting renewed by every movement, cutting colic as if flatulence was incarcerated and could not escape, with cold sweat on forehead, the stools mostly bilious, but copious and exhausting.

What Verat. album did for grown persons, Podophyl. did for children. The children ailed sometimes from catarrhal troubles in the respiratory organs before the alimentary canal became affected. All desire for food was then gone, but the thirst was so much greater. In some children we found the upper part of the intestinal tract affected and vomiting more frequent than diarrhœa. Where Podophyl. failed in such cases we used Kreosote with success. Other children had copious, foul-smelling, exhausting stools, which were promptly relieved by the Mandrake. Brain-affections last summer were only exceptionally noticed.

WOMEN PHILOSOPHERS AND WOMEN PHYSICIANS.

BY J. H. P. FROST, M.D.

“Visa est mulier reverendi admodum vultus, oculis ardentibus, et ultra communem hominum valentiam perspicacibus, colore vivido, atque inexhausti vigoris.”*—

Thus, under the garb of a noble woman, did Boethius “of Consolation” represent the Genius of Philosophy. And nothing which I met with in my recent trip to the West in-

* A. M. T. S. BOETHIUS, “*De Consolatione Philosophiæ* ; London, 1823, p. 64.

This famous work was composed in prison, where the author was confined for attempting to deliver his country, Rome, from her Gothic conqueror, Theodoric,—and from which he passed to execution, about A.D. 526.

terested me more deeply than the heroic devotion of women to the study and practice of medicine. Some touching instances I saw, where highly educated women, whose situation in life rendered them independent of personal efforts for their own support, have endangered and almost sacrificed their own health while zealously preparing themselves to promote that of others. One, in particular, reminded me of the women Philosophers of the olden time, and led me to inquire if some of these were not also physicians.

In her youth Madame Dacier† had a friend and preceptor, Aegidius Menagius, who wrote, in Latin, for her use, the “Lives of Women Philosophers.” The author commences this work with the following words: “The female writers are so numerous, that their very names would fill a great volume. Most of them pursued the diverting and pleasurable studies, such as Rhetoric, Poetry, History, Mythology and the elegance of Epistles. But after all, there was a considerable number of them, that studied the stricter and harsher science, called Philosophy. *Apollonius*, the stoic, wrote a particular book of these women Philosophers. *Philactorus*, the grammarian, compiled a treatise of the female Pythagoreans. *Juvenal* gives us to know that in his time women applied themselves to Philosophy. In the writings of the ancients I have met with sixty-five of these philosophers; and designing to compile a history of them, I thought it proper to raise a Monument and Memorial of my respect to Madame Dacier, by addressing it to her, she being a Lady whose learning entitles her to a preference before all the women that have been or are now. Those who know that *Diogenes Laertius* inscribed his Lives of the Men Philosophers to a woman, will not think it strange that I have dedicated the Lives of the Women Philosophers to the incomparable Madame Dacier.” From

† ANNA LEFEVRE DACIER, born in Samaur, France, in 1651, edited and translated several of the Greek and Latin Classics. She was the wife of André Dacier, a learned man and eminent classical scholar, whom she assisted in his studies.

this rare work of Menagius we extract some notices of a few of the more remarkable woman philosophers of the olden time.

Aspasia, the daughter of Axiochus, taught rhetoric to Pericles, and both rhetoric and philosophy to Socrates. It was said that Pericles courted Aspasia, because she was a woman of prudence, and one that knew how to manage a commonwealth. And this great commander, after he was married to her, loved her so passionately that he never came home or went abroad without saluting her with a kiss.

Sosipater was a learned, rich and handsome Asiatic lady of quality; she was a philosopher and taught philosophy to her children.

Athenais is described as a Grecian virgin endowed with excellent qualities; adorned with a gentle, smooth forehead, becoming features, a comely nose, snow-white skin, large eyes, yellow curling hair, a graceful look, a stately gait, and instructed in the points of learning. She was converted to Christianity and christened *Eudocia*. Nicephorus calls her a lady of great ingenuity, instructed by her father both in Greek and Latin letters, and one that went beyond all others in her knowledge of speculative and practical philosophy, and the proportions of numbers.

Heloisa, wife of Abelard, is thus described by Franciscus Ambrosius: "Like another Susannah or Esther, Heloisa was at once pious and pretty; she was lawfully descended from the ancient family of the Montmorencys. The niece of a Parisian Canon, she was taught from her infancy to sing the Psalms in Hebrew. She was the bright constellation and glory of her sex. Her husband taught her not only the three languages (Latin, Greek and Hebrew) but Mathematics, Philosophy and Divinity; and in these capacities she was short of none but himself."

Hypatia was the daughter of Theon, an Alexandrian philosopher, geometrician and mathematician; but out-stripped him in learning. "She arrived at such a pitch of learning that she

went far beyond all the philosophies of her time; and succeeded to the Platonic school continued from Plotinus, where she taught her auditors all the facts of philosophy. The lovers of philosophy flocked after her, not only with regard to her grave and graceful liberty of speech, but in consideration of her chaste and prudent conferences with men of the greatest dignity and authority; for her appearance among a crowd of men was reckoned no indecency, so great was the reverence and respect which her distinguishing chastity drew from all men."

Melissa wrote an Epistle, still extant, which sets forth that red, which is the color that shame produces, is the only proper ornament of a modest woman's countenance. In this opinion she was not singular. Blushing, said *Diogenes*, the Cynic, is the complexion of virtue; *Synesius* says, that color speaks some virtue ensuing upon a repentance of things done; and *Pythias*, Aristotle's daughter, being asked which was the prettiest color, replied, "that which modesty begets in virtuous persons."*

Although *Minerva*, a woman was regarded by the ancients as the originator of Medicine, and was worshiped by them under the names of Health (*Ugeias*) and Safety (*Soterias*),† we find very little mention of women physicians. The law of Moses allowed women no part in the service of the Temple: but Paganism gave the honor of Priesthood to women. "The famous temple of *Diana* at *Ephesus* was served by virgin Priestesses, because *Diana* was a virgin and loved virginity." And from being priestesses, women would naturally come to be physicians. But this could hardly be in the most ancient times. For according to *Galen*, "Before the time of *Diocles* (the first of this profession after *Hippocrates* and his family that made any noise in the world) *Physic* being almost entirely limited

* Vivit uxor ingenio modesta, pudicitia pudore præcellens, et, ut omnes ejus dotes breviter includam, patri similis."—*De Consolatione*, Lib. II., p. 175.

† "Compendium Historiæ Medicinæ, etc. Auctore J. D. HENR. SCHULTZE, 1741, LX., p. 25.

to the family of the *Asclepiades*, the fathers taught their sons anatomy and bred them from their infancy to the dissection of animals. But the art of physic spreading beyond this family, by means of the scholars of Hippocrates, Diocles wrote upon this subject, in favor of those whose fathers were not physicians."‡ It is to the present and future, then, rather than to the past, that we must look for the accounts of famous women physicians; nor shall we need to look in vain.

And it is a matter of no small interest that the great majority of women who enter our profession, do so as members of our School. Let every physician of our own sex, therefore, omit no opportunity to encourage these noble colaborers, whose influence will eventually prove decisive in turning the balance of social power from the Old Physic to the New.

THE IMPORTANCE OF POSOLOGY.

BY A. B. DE VILLENEUVE, M.D.

Posology it seems has attracted but little of the attention of those physicians who have written on *Materia Medica*. Of all the writers on pharmacodynamics, Dr. Richard Hughes, of London, is the only one who has paid attention to the different homœopathic attenuations *en rapport* with diseases, and even he had done so in a very imperfect and incomplete manner. The most difficult and complicated study for a physician is that of posology, and yet it would seem to be the one most calculated to decidedly benefit therapeutics. The following example will serve to prove to some extent the correctness of this assertion:

V. L., æt. 46, of a vigorous and strong constitution, had suffered for several years from enuresis. After having tried

‡ The History of Physick, or an Account of the Rise and Progress of the Art, and the several discoveries therein from age to age. Written originally in French by DAN. LE CLERC, M.D., and made English by Dr. Drake and Dr. Baden. London, 1699, Part. I, Bk. IV, p. 403.

all the rationalism of the old school, he at last decided to consult a homœopathist, and accordingly came to my office and gave me the following symptoms: "I urinate every two or three hours and cannot retain my water. If I see any liquid poured from one vessel into another, or water running from the cistern or hydrant, I am seized instantly with an irresistible desire to urinate, and must immediately satisfy that urgent demand or I should certainly wet my clothes." After having given him several medicines without any result whatever, I determined to try our great polychrest, Sulphur, in different attenuations, and accordingly gave it in the 200th, 30th, and even 1st preparations, each one failing to give satisfaction. I then ordered five drops of the tincture of Sulphur to be taken in a mouthful of water every morning an hour before breakfast. Eight days after commencing this treatment the patient reported himself cured. One year has elapsed and the gentleman has had no recurrence of the inconvenience. I have noticed since that Sulphur in the tincture acted better on the involuntary muscular fibres, and on mucous membranes of the columnar and squamous varieties.

BOILS, THEIR LOCATION, TREATMENT, Etc.—ERRATUM.

Dr. E. C. Price, of Baltimore, Md., thus writes in regard to an error in the article on Boils prepared by Drs. Heerman and Price:

DEAR DOCTOR:

In our article on "Boils, etc." in the *H. M.*, vol. viii, p. 71, second line from top of page, I notice a typographical error. I should not have mentioned it, had it not been repeated in *Raue's Annual Record of Homœopathic Literature*, 1873, p. 244, sixteenth line from the bottom. The types make me say "four or five large, one below the elbow," etc. It should be, *four or five large ones below the elbow.*

When I prescribed for the patient, who was working in the harvest field, I expected he would be compelled to lose a week's work. The boils were in a cluster, only a few inches apart.

When I saw him again a few weeks afterwards and inquired about

the boils, his reply was, "they shriveled right up." So much for only six doses of Bellad. 3d., taken in two days.

By calling attention to the mistake, those who have the article in either the *Hahnemannian* or the *Record* can make the correction.

Yours Fraternally,

E. C. PRICE.

NEBRASKA STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

Pursuant to a call made for that purpose, the physicians of Nebraska assembled at the University building in Lincoln, Sept. 2d, for the purpose of organizing a State Society.

Dr. W. A. Burr, of Lincoln, was chosen chairman, and Dr. A. C. Cowperthwait, of Nebraska City, Secretary.

A permanent organization was effected, and the following officers were elected for the ensuing year:

President, Dr. E. T. M. Hurlburt, Lincoln.

Vice-Pres. { Dr. A. S. Wright, Omaha.
 { Dr. J. H. Way, Nebraska City.

Secretary, Dr. A. C. Cowperthwait, Nebraska City.

Prov. Sec. Dr. L. J. Bumstead, Lincoln.

Treasurer, Dr. O. S. Wood, Omaha.

The following committee on medical subjects were appointed: Materia Medica, Dr. A. C. Cowperthwait; Obstetrics, Dr. J. H. Way; Nervous Diseases, Dr. L. J. Bumstead; Contagious Diseases, Dr. L. Walker; Skin Diseases, Dr. E. Lewis; Physiology, Dr. W. A. Burr; Surgery, Dr. G. D. Streeter; Diseases of Women, Dr. O. S. Wood.

After the transaction of miscellaneous business, including the adoption of appropriate resolutions, etc., the following papers were presented and read: "Contagion," by Dr. M. Pinkerton of Glenwood; "Clinical Cases," by Dr. W. A. Burr, of Lincoln; "Clinical Examination of Children," by Dr. A. C. Cowperthwait, of Nebraska City.

After a limited discussion on the papers read, the Association adjourned to meet in Omaha, on the third Tuesday in May, 1874.

A. C. Cowperthwait,

Secretary.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY R. J. McCLATCHEY, M. D., SECRETARY.

THE *October* meeting, which was largely attended, was presided over by the President, Dr. W. M. Williamson. Dr. J. J. Youlin, of Jersey City, N. J., who had engaged to lecture in the preliminary course of Hahnemann Medical College, by invitation of the society delivered a lecture on the *Ailments of Infancy* before the Society in conjunction with the College class. Dr. B. W. James then presented his usual monthly report, as Scribe. This was followed by a brief discussion.

The *November* meeting of the Society was held on the 13th inst., Dr. Williamson in the chair. The subject proposed for discussion was

DROPSY AND ITS TREATMENT.

DR. JACOB JEANES said that dropsy as a general thing depended on organic lesions of one or more of the organs, or it might in some cases be due to other causes. It had seemed to him that in some cases the dropsical effusion had been the means of prolonging the life of the patient. Some time before death there is often a quick falling off in the quantity of the effusion. It sometimes seems almost wonderful what an amount of suffering a patient with dropsy is able to bear. He hoped the members would speak out freely and give their views.

DR. PEMBERTON DUDLEY said he felt that his knowledge of successful methods of treating dropsy was extremely limited, and any remarks which he might make would be of a purely general character. Some time ago he had made some researches with a view to ascertaining the relative success of the two prominent methods of treatment in a variety of diseases, and with the following result as concerns the

Mortality from Dropsy in Philadelphia during the year 1872.

DROPSY OF THE BRAIN.													
	Und. 5 yrs.	5 to 10	10 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	Total.
168 Hom. Phys.	39	4	1										44
655 Allop. "	113	9	3	1	3	3	2	1	4				141
OTHER FORMS OF DROPSY.													
168 Hom. "	5	1	2	4	4	5	17	17	10	7	0	0	73
655 Allop. "	18	7	9	15	21	28	39	45	28	10	0	1	225
													*Average age.
													1 yr. 10 m. 0 d.
													6 " 6 " 7 "

*The Totals include also those whose ages are unknown.

These figures speak very positively against our treatment as compared with that of the other school; and it might be well to ask ourselves whether the allopathists have adopted any method which may be superior to ours, or whether these results are due to the possible fact that allopathists are more likely than ourselves to ascribe death to the remote cause, an organic lesion for instance—rather than to the direct cause—the dropsical accumulation and its consequent exhaustion. As regards the former supposition, he believed that we make a great mistake when we attempt to simply get rid of the effused fluid by means of homœopathic medication. Dropsy is a symptom only; and we cannot remove a symptom by homœopathic means, except by curatively affecting its cause. He had more than once given his reasons in support of this view and need not again repeat them. Moreover, too great stress laid upon the symptoms which result from the mechanical accumulation of fluid, will certainly mislead us in making choice of a remedy. It is even safer to leave them out altogether. While it is a matter of regret that most of our treatment is palliative, yet even that line of medication is not to be utterly ignored. Evacuants may prolong if indeed they do not save life. He called attention to the remarks of Dr. Billing, recommending *Elaterium* as an efficient and harmless remedy. He had not used it himself, but considered the resort to such methods as fully justifiable as the use of the trocar and canula.

DR. JEANES said he was much pleased with Dr. Dudley's remarks, with his candor and with his philosophical views; yet he confessed himself astounded at the statistics he had presented. During the first twelve years of his medical practice he was an allopathist, and during that period he lost more cases from dropsy of the brain than during his thirty-six years of homœopathic practice. He believed that allopathic treatment conduced to the occurrence of dropsy of the brain. It is possible that allopaths do not know what dropsy of the brain is, and report their deaths from that disease under some other name. Marshall Hall shows that allopathic treatment often leads to dropsy of the brain. We lose many cases from hydrothorax, and yet in that disease, although his practice was now mostly with old people, he had a fair share of success. He had an old gentleman now under treatment for that disease, and his medicines afforded him much relief. He remembered one case he had when an allopath which he treated

with Calomel and Squills. He thought the patient was doing finely, but all of a sudden he died; and he was of the opinion that sudden deaths like this were a not infrequent effect of the violent removal of effused fluids, as by Calomel and Squills. He had an old lady patient once who suffered much from asthma, which disease he cured with *Chenopodium*. She afterwards had hydrothorax, for which, in a little while, an allopath was called; she died suddenly and her doctor had very likely given her Calomel and Squills. In another case, the man had been tapped just prior to his being called in, and the man complained that he felt just as full as he had done before the operation. He gave him *Lycopodium* 30th, a single dose, to last a month. He certainly improved very much; his bowels became more regular, and the effusion was lessened. A second dose of the medicine did not work as nicely as before, and it finally failed to have any good effects. He was then tapped again and as much fluid as before was drained off. He shortly afterwards died, and a *post mortem* revealed a wonderful state of disorganization—to the extent that it was with difficulty that he could tell one viscus from another. Now it was wonderful how *Lycopodium* could have afforded so much relief under such circumstances. When we consider that almost all cases of general dropsy depend upon organic lesions such as medicines as we administer them or as the allopaths administer them can hardly be expected to cure, it is wonderful what effect medicines will have; and he was not prepared to put the proportion of cured cases at too low a figure. If you burn off the warts from a patient's hand with caustic, that person will have cicatrices as long as he lives; but a change may come over the system or be brought about by medicines, through which they will entirely disappear, and not leave a vestige of their presence. Now what a great structural change occurs to produce this.

Perhaps these figures show as they do because we homœopaths get more chronic cases from the hands of the allopaths than they get from us. Dr. Dudley does right when he expresses his determination to resort to any means that would benefit his patients. We should scrupulously guard ourselves from being hide-bound. He would use *Elaterium* if he thought it would do any good; but he would be chary of using *Digitalis*. The dropsy itself is a mere symptom, and he would take it into due consideration in making up the totality of symptoms by which to select a remedy. He would want

to get a remedy that acted strongly similar to the important symptoms of a case. He did not care for all the symptoms that could be pumped out of a patient. Dropsy often follows acute diseases—as scarlet fever for instance. Now we may have more cases from this form of disease than the allopaths do, and if this is the case he believed it to be due to the allopaths losing their patients from the scarlatina and before the second stage was reached. In dropsy there is almost always a great diminution of urine, and it has always been the desire of the allopaths to increase the flow. Dr. Fothergill wrote to Mr. Bartram, the Keeper of the Botanic Gardens, “Oh, if we could only find a good diuretic!” *Digitalis* sometimes produces mania. Now if mania produced by large doses of *Digitalis* in allopathic hands should kill the patient, it would be so reported, and not as a death from Dropsy. Again, if *Elaterium* should produce inflammation of the bowels and the patient should die of that, the death could not be reported as having been caused by Dropsy. Yet notwithstanding all this, he expressed himself as unable to account satisfactorily for the showing of Dr. Dudley’s figures.

DR. B. W. JAMES said he had been greatly entertained by the remarks of Dr. Jeanes in regard to allopaths writing death certificates. He thought that some homœopathic physicians were not as correct as they might be in writing certificates of death. Dropsy of the brain is a dangerous disease, and he thought the most useful line of discussion would be to try to bring out some of the remedies most useful in such cases. He would especially commend *Bellad.* *Hellebore*, and *Cuprum acet.*,—the latter particularly.

DR. M. S. WILLIAMSON mentioned a case of general dropsy occurring in an old man, who passed gallons of water per rectum for three or four days preceding his death, which occurred suddenly.

DR. JEANES said his old preceptor, Dr. Parrish, once said he knew of a case of dropsy of the brain that recovered,—as though it were a very unusual thing for these cases to do in olden times. This case was repeatedly blistered on the scalp. He, Dr. J., knew of a girl having dropsy of the brain, who was blistered so often on the head that her scalp became a jelly-like mass; she lived a purely vegetative existence during several weeks. He professed to know what cerebral dropsy is, as he had examined many cases. Dr. Caleb B. Matthews and himself had come to the conclusion together that the

prevailing (allopathic) treatment of the disease did more harm than good; and they determined to try Opium. He had seen a number of cases get well under its use; and he had then thought that perhaps Dr. Parrish's *one* case of recovery had had Opium surreptitiously administered. He had used Opium in homœopathic doses since joining that School, and with good results. To one girl he gave a drop at a time of laudanum in water. The child improved, but he almost dreaded to see it get well, fearing imbecility; but the child got entirely well and was now grown up and the brightest of the family.

DR. DUDLEY thought he could explain why it was that statistics appear to be against us, in reference to the treatment of dropsy. And first as regards dropsy of the cranial cavity. It is a fact that to most homœopathists, one of the great bugbears is hydrocephalus; while to the allopathist it is meningitis. Now, it appears that in 1872 we lost from meningitis, 35 and the "Regulars" 323, about $2\frac{1}{2}$ to 1 in our favor. It is exceedingly probable that some of our cases of "brain dropsy" should have been returned as "Sub-acute meningitis," and that some of their cases of "meningitis" should have been recorded as "brain dropsy." In reference to the other forms of dropsy the difference against us is to be explained as follows:

People suffering under such chronic diseases which seem to be tending towards death, but which are not regarded as necessarily fatal, are almost certain to change their treatment on learning that their usual method holds out little hope of cure. Other things being equal, all physicians will have about an equal number of such cases. It would follow, in a city like Philadelphia where there are about 4 allopathic to 1 homœopathic physicians, that we should receive 4 such hopeless cases from them where they would receive but 1 from us. Out of the total of 298 deaths returned from both schools, our share would have been 60 instead of 73 and theirs would have been 238 instead of 225. Now if only one twelfth—25—of these cases changed their treatment, 20 of them must have come from allopathic to homœopathic treatment, while 5 changed in the opposite direction; and this small number of changes will more than account for all the difference against us as shown in the statistical report.

DR. J. C. MORGAN said he had hoped some one would furnish some light by which we might be enabled to diminish the

mortality in dropsy,—to furnish some royal road to a cure of the disease; but nothing of this sort is brought forward. When he urged the subject of Dropsy for discussion, he had a patient who it seemed very desirable and very important to save; yet he died. The *post mortem* made it plain that he would have died under any treatment: the heart and liver were atrophied; the portal and hepatic veins were normal, and yet the contraction of the liver, due to the cirrhotic change was very great. But he believed the condition of things had been greatly modified by the treatment, for the hob-nail character was not very well marked. The right kidney had undergone cystic degeneration, there being not less than 100 cysts, of various sizes; the left kidney was enlarged, but otherwise was not much altered. There were other disorganizations, of a less marked character. The man was taken sick last December, and died about a month ago. The dropsical symptoms did not appear until after he had been terribly abused by the treatment of an allopathic physician, who for some simple symptoms gave him very large doses of bromide of potassium, and persisted in its use for four days notwithstanding that he vomited constantly. He was tapped five times. He had been pronounced moribund by Dr. S. Weir Mitchell when he passed into the hands of Prof. S. H. Cleveland, who was able to do very much for him with Carbo veg. and some other medicines. In April, when Dr. Morgan first saw him, he was eating his three meals a day with good appetite. He was put on a milk diet, which seemed to prolong the intervals between the tappings; at one time there was fourteen weeks intervened. During this interval the Lacs, proven by Dr. Swan, were used with advantage. Every time he was tapped he went into a typhoid condition, which seemed to threaten death. The medicines which seemed to bring him out of this were, Carbo veg., Mur. ac. and Opium, all in high potencies; some as high as the 76^m. They were all selected carefully in accordance with the presenting symptoms, and no one could doubt their effects who witnessed the case. But they did not confine themselves to this method of treatment. Electricity was tried, with some slight benefit. The evacuant treatment was given a fair trial, but they had reason to rue it. Elaterium seemed only to keep the fluid in abeyance for a few days, and appeared to cause the bringing away of the epithelium of the intestines. They were therefore afraid to continue with it, for fear of a worse state of affairs than already existed. Apocynum was given, with

no effect. Then Senecio was administered, which served to throw him into an intermittent, and from that he went into a typhoid state and almost died.

Now this case came from allopathic hands, and if Dr. Mitchell had written the certificate of death he would no doubt have given as the Cause of Death—Cirrhosis of the Liver, but it was reported as a death from Dropsy. Homœopaths are given to regarding symptoms more than allopaths do. He had a case in which he was led to prescribe Rhus for Dropsy with spitting of blood, from consulting Dr. McClatchey's Repertory to Laurie's Practice; and the patient had been very much benefited thereby. A son of the patient had then given Arsen. and Apis in alternation and Dr. M. had retired from the case in disgust.

DR. BUSHROD W. JAMES, Scribe, then made his usual monthly report, as follows :

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

THE PNEUMATIC ASPIRATOR. I show you here a pneumatic aspirator, an instrument now coming into surgical use for evacuating the pus from deep abscesses and removing other morbid fluids from non-superficial localities. I find the English form of the instrument described in Braithwaite's Retrospect for July, 1873, as follows:—

“The instrument was invented by Dr. Georges Dieulafoy. Having repeatedly observed how unimportant a lesion is produced by the insertion of the fine nozzle of the hypodermic syringe, and also the impunity attending the introduction of acupuncture needles even deeply into the substance of important and highly organized structures, he conceived the idea of creating a vacuum in connection with a fine tubular needle so as to exercise a powerful suction upon any fluid into which the needle should be introduced. This principal he embodied in his instrument, the pneumatic aspirator.

As is the case with all inventions, many improvements have been made upon the original instrument. The one which I now describe is the latest issued by Messrs. Weiss and Son, of the Strand, London; and in my judgment it possesses decided advantages over all others which I have seen. It consists of a brass syringe capable of holding five ounces of fluid, fitted

with an air-tight screw piston, and having its nozzle guarded by a tap. Attaching the nozzle, at the bottom of the syringe, is a short tube of glass, which enables the surgeon to ascertain the quality of the fluid as it passes into the body of the instrument.

To one side of the instrument in its whole length is applied a fine hollow glass tube, which communicates at its lower extremity with the interior of the syringe, and is shut off from the external atmosphere at its upper end by means of a tap. The glass tube is marked at regular intervals in half-ounces, for the purpose of demonstrating the quantity of fluid contained in the syringe at any given time and forms besides a means of exit, whereby the syringe can be emptied of its contents when during an operation it is desirable not to disengage the nozzle. Several tubular needles and trocars, some of which are of extremely fine calibre, made accurately to fit the nozzle of the syringe, either directly or through the medium of an elastic tube, complete the instrument.

In describing how to work the aspirator, I cannot do better than make use of Dr. Dieulafoy's own words, altered only so as to apply to the improved instrument. He says, "In order to produce a vacuum within the pump, it is necessary first to close the two taps, and then to screw up the piston. The vacuum is thus obtained as a preliminary measure, and the operator is in possession of a powerful aspirator, ready to be used when the proper time arrives." "Let it be supposed that we wish to examine an effusion into the cavity of the pleura.

The tubular needle No. 1 or No. 2 must be first introduced into an intercostal space; and when it has penetrated the tissues for about a third of an inch, it must be connected with the pump in which the vacuum has been established, either directly or through the medium of a caoutchouc tube. This done—and to this point I desire to call special attention—the tap must be opened between the needle and the vacuum, and the needle pushed gently forward. We may thus slowly traverse the tissues, so to speak, with the vacuum in hand, until we discover the effusion. The eye of the operator should be directed to the short glass tube between the needle and the pump; and, at the moment when the needle enters the liquid, the latter rushes forcibly into the instrument. The diagnosis is at once complete, the manoeuvre is absolutely harmless, and the desired object is attained."

Such is the method of employing the aspirator which I have myself usually adopted; and the directions here given apply to all cases, medical and surgical, in which its use is indicated, equally with the example selected by Dr. Dieulafoy for his description. As a precaution against the introduction of septic materials, I always take care that the needle or trocar has been dipped overhead in carbolized oil. Messrs. Snowden & Bro. have improved the instrument so that there is but one tap acting for the double purpose of the two in the English instrument. The glass barrel to the syringe and the graduated piston is wanting in Snowden's instrument, however, as you observe.

EPIDEMIC APHTHÆ IN ADULTS.—Is it possible to have the disease known as aphthæ or a modification of it prevail among adults as an epidemic?

Some three adult cases have recently come under my observation; and when we remember that Diphtheria came among us with here and there a case or a few cases before the epidemic fully developed itself in this city some years ago, and that the Small-pox epidemic did likewise two years ago—we naturally make the above inquiry.

The cases seem a little peculiar; first there is a little tender feeling to the patient in the roof of the mouth and around a portion of the gums, and on looking at the parts, the membrane looks slightly red, with a pricking pain, or rather like the shrivelling of the hands of wash-women when they are kept wet for some time. The skin does not feel sore all the time and is only a little tender when touched. The inflammation gradually extends back over the roof of the mouth and around all the gums, and the throat becomes red and œdematous and the uvula swelled; but there is not the dysphagia that attends diphtheria, scarlatinal angina or even ordinary sore throat.

In a few hours after this slight redness of the mucous membrane of the roof and gums sets in, a few white spots, like aphthæ, appear and gradually become more numerous and coalesce, and in thirty-six or forty-eight hours an exuded membrane much like that in diphtheria is formed, which loosens and comes away, to be again formed; and so it continues for several days until the inflammation and swelling subside in the parts and the patient is well. A thin filmy white covering of the skin is seen towards the close of the disease as it gets well. Among other symptoms present are fœtor of breath,

small ulcerated spots here and there with red margins, thickly coated tongue, copious flow of saliva, swelling of the cheeks and swelling of the tongue. The patients have no fever, sleep well, have no aches, or pains, or chilliness, or nausea, or debility, or languor, or apparently any other functional disturbance. They have an appetite and could eat well if they were able to masticate the food. Liquid or soft-food has to be taken. The attack passes over in from four to eight days and excepting the local difficulty the patient feels well.

NUX VOMICA vs. VOMITING OF PREGNANCY. An allopathic practitioner, Dr. Blackwell after using oxalate of cerium, Bismuth and Pepsin without any good effect in the above disorder says: "This failed to afford any amelioration. Oxalate of cerium alone was tried, and with a similar result. With a faint hope I then directed two drops of tincture of *Nux vomica* to be given every two hours.

This produced a *decided impression* upon the symptoms, and afforded infinite relief to the patient, without the development of cramps, which have been attributed by Lobach to the use of this drug."

Has he been reading Hahnemann's *Materia Medica* or the provings of *Nux vomica*, or did he stumble on the action of this drug and one of its homœopathic uses with his eyes closed?

The society then adjourned to meet on the second Thursday in December.

PUBLICATIONS RECEIVED.

THE HOMŒOPATHIC FAMILY GUIDE, for the use of Twenty-eight Principal remedies in the Treatment of the more simple forms of Disease. By Geo. E. Shipman, M.D. Together with directions for the Treatment of Dengue and Yellow Fever, by W. H. Holcombe, M.D. *Eighth Edition.* Chicago: The Western News Company, 1873, pp. 311.

The plates of this work were destroyed in the Chicago fire. Mr. Halsey the former publisher having donated the copyright to the Chicago Foundlings Home, it should be borne in mind that the proceeds of the sale will be devoted to the support of that institution. The author of the treatise, Dr. Geo. E. Shipman, is one of the most able and learned of our physicians. A man of great *suaviter in modo* as well as *fortiter in re*; just such a man, in fact, as should write for the general public. His handsome and intelligent countenance forms an appropriate frontispiece for the "Family Guide," which, by the way, is not without the seasoning of Attic salt and the smack of easy lit-

erature. The work—like “all Gaul”—is divided into three parts. Part I. treats of diseases by their names,—a brief description of each being given, and then a few directions as to treatment, hygienic and medical. Part II. is a Repertory, being a list of some of the most important symptoms of disease, with their appropriate remedies. Part III. is the *Materia Medica*, comprising the most important and characteristic symptoms of each of the twenty-eight principal remedies. To these Dr. Holcombe has added brief articles on break-bone fever and yellow fever, and Dr. Shipman has added an appendix entitled “A few Hints on the Management of Children.”

This work is gotten up in handsome style and is a credit to its publishers.

On sale at any homœopathic pharmacy.

THE DISEASES OF INFANTS AND CHILDREN AND THEIR HOMŒOPATHIC TREATMENT; with Hints on the General Management of Children. By E. Harris Ruddock, M.D., etc. *London*: The Homœopathic Publishing Company, 1873, pp. 229.

This book belongs to the same class as the preceding work. It is another of the series of pleasing, practical and valuable domestic treatises which have done so much to spread a knowledge and increase the popularity of homœopathy in England, and have made Dr. Ruddock famous.

It is a work worthy of commendation, for, while written in plain language, so that all may understand its teachings, it preserves a sound pathology and diagnosis throughout, and its treatment, which embraces the “new remedies” as well as the old, is in accord with the experience of most practitioners, and is thoroughly safe.

This volume is in keeping with the handsome style in which other volumes by the same prolific author have been presented—good type, fine toned paper, and substantial binding.

On sale by Boericke & Tafel.

CHARACTERISTIC MATERIA MEDICA. By W. H. Burt, M. D. *Multum in Parvo*. Second Edition. *New York and Philadelphia*; Boericke & Tafel, 1873, pp. 541.

This work, of which the first edition was issued in 1869, has been found very useful; being in this respect exactly opposite to many others with greater pretensions to originality. It is now somewhat enlarged—from 460 to 540 pages;—not, however, so much by the introduction of additional remedies, as, in part, by a more full rendering of those already presented, and in part by more copious discussions in the preface and elsewhere and additional lists of groups. *Lilium tigrinum*, *Hypericum*, and some others are now given for the first time in the “Characteristics,” while *Ptelea*, *Kali brom.*, *Uranium nit.*, and a few others are more fully rendered in this than in the former edition. *Ledum*, a valuable medicine, which was not placed in the first edition, has not made its appearance in the second edition.

Two objects are usually kept in view by authors: one, the riding of a favorite hobby; the other, the advantage of their readers. It is probable that the majority of our readers will agree with us in the opinion that had the author of the “Characteristic Materia Medica” withheld his hand in the former respect, and in place of the “Groups,” “New Discovery,” and statements—often contradictory—of sphere of action of particular remedies, given a fuller collection of their principal symptoms, he would have improved his work in the latter respect.

What practical benefit can be derived to the student—and possibly no other class will read them—from such confused and often inaccurate assertions of the action of drugs it would be difficult to discover. “Through the cerebro-spinal system, it especially acts upon the sensory and excito-motor system. Through the spinal nerves it acts with a good deal of power upon the liver and muscles of the intestinal canal.” “Disturbs all action generally and function specially: acts generally on the cells much like Phosphorus, but more especially on the secretory and excretory or vegetative system; elsewhere its action is reflex.” This is a specimen, clear as mud to the student’s and young physician’s mind, and equally instructive!

The author’s “New Discovery” demands more precise attention. It is announced in the Preface as a “most important improvement;” as a “new discovery (which) consists in the fact that all medicines have for their starting-point or centre of action, one or the other of the two nervous centres, either the animal or the organic; those that have their centre of action in the animal (cerebro-spinal) *nervous system* being the true remedies for *acute and sub-acute diseases*, while those that have their centre in the organic (ganglionic) *nervous system* are the *true* remedies for sub-acute and *chronic diseases*. This distinction greatly simplifies the *Materia Medica* and I believe it to be a *corollary* to the immortal Hahnemann’s great law *similia similibus curantur*.” (Preface to 2nd Edition.)

So far as any substantial truth exists in our author’s system of classification in accordance with the “new discovery,” or “new truth” as he also quite complacently terms it,—that truth is no other than that which forms the guiding principle followed by Hahnemann in publishing one set of remedies in his “Chronic Diseases,” and another set in his “*Materia Medica Pura*.” In the sixth volume of the Transactions of the N. Y. State Homœopathic Medical Society, 1868, pp. 645, may be found an able paper by Carroll Dunham, M. D. entitled “The Re-Discovery of the Screw,” in which the supposed discovery of a new mechanical power—the screw—by a poor shepherd boy, becomes the text from which the learned critic exposes the folly of men like Dr. Reith who proclaim in allopathic medical journals as “new discoveries” and “new truth,” things long familiar to the homœopathic branch of the profession. According to Dr. Dunham, Dr. Reith must have been “not far from the kingdom” of Homœopathy, *on his way in*; while, if we are to judge of our author’s status by his own words, he would seem to be also not far from that kingdom, *but on his way out*,—for he says of his “new truth”: “You will find some few exceptions to it, but not any more than you have found in our great law *similia similibus curantur*; for it is a part of that great law, the crowning stone that completes the structure!”

It would seem, however, that our author is likely to be deemed still more out in science—even in that relating to his favorite doctrine—than in Homœopathy; for, while dividing his remedies into those acting upon the cerebro-spinal and the organic, ganglionic (or sympathetic) nervous system, he denounces “one half of all the symptoms in our most reliable *Materia Medica* as sympathetic and consequently not to be relied upon in prescribing.”

As an earnest worker in the field of the *Materia Medica*, as an indefatigable and intelligent prover of remedies, and as an observer and collector of “characteristic” symptoms, our author well deserves all the praise that can be meted out to him; but we fear that, neither as an interpreter of Nature, as an expounder of Homœopathy,

nor as a discoverer of "new truths," "crowning stones" and "corollaries to the immortal Hahnemann's great law," will he be considered a success.

We have a few words yet to say regarding our author's method of crediting symptoms and groups of symptoms. We will give an example to show what it is that is now referred to. Take for instance *Borax*, p. 141. Under the head of "Grand Characteristics" are presented twenty sets of symptoms. Of these, nine are credited to "G," (Dr. Guernsey), two to "F" (Dr. Frost), one to Baehr, 1 to *Hahnemann*, 1 to Dr. E. A. Lodge, 1 to Dr. H. N. Martin, 1 to Dr. Hughes, while four are uncredited. Now these symptoms, almost without an exception, were derived from provings or observed clinically, and noted down, before a majority of those to whom they are credited in the "Characteristic Materia Medica" were practicing homœopathy; and nearly all are to be found, either in identical language or with slight differences, in our present chief source of *Materia Medica* lore—the *Symptomen Codex*. If authorities must be given in a work of this character, they should be given correctly and not as we find them. As well credit Shakespeare's plays to Colley Cibber because that worthy altered the original text and "adapted them to the stage."

The book has been handsomely printed and substantially bound by the publishers. All those who have the first edition will do well to procure the second; and to those who have not made use of the work we can confidently recommend it as a valuable aid in prescribing.

On sale by all homœopathic pharmacutists and booksellers.

ANNUAL RECORD OF HOMŒOPATHIC LITERATURE. 1873. By C. G. Raue, M. D., and Assistants. *New York and Philadelphia*: Boericke & Tafel. Pp, 331.

Again we tender hearty thanks to Boericke & Tafel, the publishers, and Professor Raue, the editor, for a volume of this most valuable publication—the fourth of the series,—representing the periodical literature of our school for the year 1872. We have reason to know that the labor of love of Raue and his colleagues is being more and more appreciated by the most prominent men in our ranks; and there is hopeful promise that the enterprise and forethought of the publishers will ere long meet a substantial reward. The fourth volume of this indispensibly useful series is arranged in a manner similar to that of its predecessors. Dr. Hering has had in charge the department of *Materia Medica*, Dr. Macfarlan the department of Surgery, and the balance of the volume has been arranged by Dr. Raue. "*Materia Medica*" comprises 41 pages; "Practice," 210 pages; "Surgery," 30 pages; "Theory," 26 pages. There is also a copious general index, an index of authors and an index of remedies. The following journals have been made use of to furnish the materials for this volume: *A. H. Z.*, *Monatsblatt*, *Neue Zeitschrift für Homœop.*, *Klinik*, *Internat. Homœop. Presse*, *British Journal of Homœopathy*, *Monthly Homœopathic Review*, *Homœopathic World*, *N. A. Journal of Homœopathy*, *U. S. Med. and Surg. Journal*, *American Observer*, *Medical Investigator*, *Ohio Med. and Surg. Reporter*, *American Journal of Hom. Mat. Med.*, *Hahnemannian Monthly*, *Transactions of the American Institute of Homœopathy*, the *Transactions of the Hom. State Medical Societies of New York*, *Pennsylvania* and *Ohio*, and such extracts from the French and Spanish Journals as have appeared as translations in other perio-

dicals. Those who have done the work are as follows: C. G. Raue, C. Hering, M. Macfarlan, E. A. Farrington, T. S. Hoyne, A. Korn-dörfer, S. Lilienthal, F. R. Kippax, W. S. Searle, T. Bacmeister, C. H. Von Tagen, A. R. Thomas, C. Wesselhoeft, A. K. Hills, C. C. Cropper and R. J. McClatchey.

The book has been printed and bound uniform with the first volumes. The four taken together are a storehouse of homœopathic wealth which no practitioner should be without. And as these annual volumes come out one by one, they will constitute a repository to which to turn in time of need; the treasury of the householder from which he will "bring forth things new and old." But in looking over this present volume, we fear that some of Dr. Raue's co-laborers have not done their work as completely as it should be done; for there are many good things we remember to have read in the journals of 1872 that are not even alluded to. We are happy to state, however, that this carelessness applies to but one or two at most of these co-laborers. In our opinion, the coming volumes of the Annual Record should contain an allusion (at the very least) to every article published during the year preceding in every homœopathic serial published in the world. If this were faithfully done, the value of the *Record* would be immensely increased.

On sale by Boericke & Tafel, Philadelphia and New York.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST. By Robert Faulkner, M.D. With a *Repertory*, by W. Jas. Blakely, M.D. Boericke & Tafel.

With the "Annual Record" comes that other indispensable yearly volume,—The Visiting List. This publication is certainly the best of its kind issued. The calendars are arranged for 1874—'75.

On sale by all homœopathic pharmacutists.

A TABULAR COMPEND OF PRACTICAL ANALYTICAL CHEMISTRY: *for the Use of Students and Amateurs*. By Everett W. Fish, M. D., etc., Cincinnati: E. W. Fish. 1873. Pp. 48.

This useful little volume has been prepared by the Professor of Chemistry in Pulte Medical College, Cincinnati, with the object of putting the art of manipulating with chemical reagents within the reach of persons who have had neither opportunity nor inclination to make a special study of chemistry.

The manner in which chemistry is generally taught in medical colleges is open to the charge of uselessness, and a reform is certainly needed.

We have no doubt that this volume will be accepted as a valuable aid in teaching. It is furnished with numerous blank pages for "Students Memoranda," and is supplied with a number of illustrations and valuable tables.

On sale by the publisher, or may be ordered through B. & T.

COMPENDIO DI MATERIA MEDICA PURA E DI TERAPEUTICA; per il Dottore Bernardino Dadèa.

MATERIA MEDICA PURA, Vol. I, Fascicoli 1—10, pp. 800, oct. (*Acalypha indica*—*Colocynthis*). Torino: 1873.

While England patiently waits for the successors of Drysdale, Dudgeon, Black and Blake to furnish the "Hahnemann Materia Medica," so auspiciously begun in 1852;—while Germany which gave to the world the first *Materia Medica Pura*, tarries, as her custom is, till the reflex wave from some foreign shore, shall bring back to her, perfected, that which sprang originally from her teem-

ing brain and patient toil;—while “the Columbus of Homœopathy,” sitting in his world of Mss. in Philadelphia, lets the years glide by, as he gives last loving touches to that which is already complete, and cannot let his darlings pass from him to the printer though a “*De Profundis*” from every honest student breathes out the desire of the nations;—YOUNG ITALY vindicates her ancient claim to leadership in letters, and is giving us by the hand of Dr. Bernardine Dadea, President of the National Institute of Homœopathy, a complete *Materia Medica Pura* up to 1873.

The whole work is to appear in forty parts constituting three volumes, two of which are to contain the *Materia Medica Pura* and the third the *Therapia*.

Of the *Materia Medica* eight hundred royal octavo pages have already reached us, treating of 167 of the 560 remedies which are to be noticed in the work, and bringing us to *Colocynthis* on the alphabetical list.

Under each remedy Dr. Dadea gives us “1. The synonymes.—2. The analogues.—3. Antidotes.—4. Official preparation.—5. Most suitable form for administration.—6. Sources of information for more accurate study.—7. The symptomatology.—8. A summary of clinical indications.”

The manner in which the symptomatology is presented may be best understood by a few examples preceded by a translation of the author’s excellent preface, and these I expect to lay before the readers of the journal in a subsequent number. Let it suffice here to show his treatment of the other points above enumerated by quoting the first page of “*Agaricus muscarius*.”

AGARICUS MUSCARIUS.

SYNONYMES. *Agaricus Pseudo-aurantiacus*, *Amanita Muscaria*, *Agaricus Imperialis*. French: *Fausse Orange*. English: *Fly Agaric*, *Bug Agaric*. German: *Flieger Schwam*. Spanish: *Agarico Mosquedo o Pintado*. *Hongo Falso*. *Sela roja*. Italian: *Cocco Orvolaccio*. *Urolo malefico*.

ANALOGUES. *Acon. N*, *Baptis. tinct.* *Bellad.* *Carbo. veg.* *Coffea.* *Cuprum met.* *Gymnocladus Canadensis.* *Graphites.* *Pulsat. nigricans.* *Lachnanthes tinct.* *Verat. viride.* *Zizia aurea.*

ANTIDOTES. *Camphora.* *Coffea.* *Nitri acidum.* *Pulsatilla.* *Tabacum?* *Vinum.*

PREPARATION. For *tincture*, with the fresh fungus carefully washed and deprived of the external cuticle: and for *trituration* with the fresh or the dried fungus.

Most suitable Form for Administration.

In *tincture*, up to the second centesimal or the second decimal attenuation; in *tincture* or in *globules* from the second centesimal or the third decimal upwards.

SOURCES OF INFORMATION FOR MORE ACCURATE STUDY.

Hahnemann. Chronic Diseases. Vol. 2, p. 1.

Hartlaub and Trinks. Reine Arznei Mitlehre. 3, 167.

Noack and Trinks. Handbuch der Hom. A. M. L. 1, 11.

Archiv. für die Hom. Heilkunst. 9, 1, 175. 10, 2, 177, and 16, 2, 24.

Neues Archiv. 1, 180.

Pathogénésies de la Bibliothèque Homœopathique de Genève. 1, 12.

Roth. Matière Médicale pure. 2, 343, and 4, 372.

Beauvais (Roth). Effets toxiques de plusieurs medicamen. 13. Supplem. 391. Append. 1.

- Hempel. *Comprehensive System of Materia Medica.* 2, 446.
 Marcy and Peters. *Elements of a New Materia Medica.* 157.
 Lippe. *Text book of Materia Medica.* 11.
 Jahr. *Symptomen-Kodex der Hom. A. M. L.* 1, 14.
 Jahr. *Manuel de Matière Medicale. Art. Agar musc.*
 Possart. *Charakteristik der Hom. Arzneien.* 1, 10.
 Possart. *Homœopathische Arzneimittellehre.* 3, 1.
Allgemeine Hom. Zeitung. 6, 181. 46, 6 and 25. 82. 180.
Monatsblatt zum 68 Bände der Allgemeine Hom. Zeitung. Append. 1, p. 23.
 Burt. *Characteristic Materia Medica.* 103.
Archiv. für reine und angewendte. A. M. L. 1, 103.
Homœopathische Vierteljahrschrift. 10, 222.
 Buck. *Outlines of Materia Medica.* 13.
British Journal of Homœopathy. 11, 166.
Hahnemannian Monthly. 7, 28.
El Criterio Medico (Studio del Dott. C. Tejedor.) Vol. 8, p. 242.
 Guernsey. *Lectures on Materia Medica* in appendix to the American Journal of Hom. Materia Medica. Vol. 5.

An introduction of this kind, which shows how thoroughly the author has possessed himself of our literature, is followed by the symptomatology arranged according to the Hahnemannian schema and of which some examples will be given hereafter.

CARROLL DUNHAM.

We are in receipt of GUERNSEY'S OBSTETRICS, Second Edition, HELMUTH'S SURGERY and HERING'S MATERIA MEDICA, Vol. 1. Justice cannot be done these important works in the limited space that could be offered them in this number of the journal, but full notices of each will appear in the January issue.

EDITORIAL NOTES.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE. In noticing the establishment of this institution in the October number of this journal we neglected to refer to the fact that the three years graded course for students is, as it should be, the imperative rule of the school. There are now two colleges under homœopathic control in which the demands of the American Institute of Homœopathy will be carried out, viz., the New York College for Women and the Boston School. How long will it be ere all other homœopathic colleges will adopt this excellent plan?

WEBSTER UNABRIDGED; "GET THE BEST." To say anything in praise of Webster's Dictionary is a work of supererogation, and to advise our readers to "get the best" is equivalent to advising them to procure a copy of the most recent issue of that magnificent work. But we nevertheless call attention to the advertisement of G. H. Merriam, of Springfield, Mass., for the purpose of endorsing their statement that Webster *Unabridged* is a most valuable *Medical Dictionary*, unsurpassed in fact, by any work devoted especially to the definition of medical terms, and, if there be any of our readers who have not a copy, to advise them by all means to procure one.

REMOVALS.—DR. W. M. WILLIAMSON, of Philadelphia, has removed from 29 N. Eleventh St., to 2005 Columbia Avenue.

DR. T. C. HUNTER, has removed from Dunkirk, N. Y., to Maumee City, Ohio.

THE HAHNEMANNIAN MONTHLY.

Vol. IX. Philadelphia, January, 1874. No. 6.

LABOR AS MODIFIED BY PREEXISTING DISEASE AND OTHER DEBILITATING CAUSES.

BY J. H. MARSDEN, A.M., M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1873.)

ALTHOUGH the womb may be, in the strictest sense, classed with the involuntary muscles, its power of action is modified by such causes as erect those over which the will has the most perfect control. A clear perception of this truth is very important to the Obstetrician. Authors in their classification of Labor have termed one variety "Tedious Labor." By this is meant a modification of the parturient process wherein it is prolonged beyond the usual limits. The length of time that may be normally occupied in childbirth is not however definitely fixed; what therefore would be regarded a tedious labor by one, might be considered natural by another. Such vague classification therefore can be of little account, so far as the throwing of any light upon the proper course of treatment to be pursued, is concerned. Scarcely two consecutive cases of prolonged labor, if strictly analyzed will be found owing to the same cause. Hence the importance in practice of disregarding mere conventional classification and carefully individualizing each case as it may come before us.

A very common source of protracted labor as it has occurred to me, is some form of preexisting disease, often of

recent origin, through which the general strength of the organism had been impaired, and by consequence that of the womb. In such cases the "pains" are infrequent and of short duration. They may be and often are very distressing to the patient; for there is perhaps usually connected with this condition a hyperæsthesia of the nervous system, which no doubt greatly enhances suffering even from trifling causes. But the uterine contractions are feeble,—the hand placed upon the abdomen easily detects their want of vigor. If the fingers too be applied to the presenting part during a contraction, the foetus will be found little if at all pressed downward, and many hours may elapse without any perceptible descent, or at least so little as to banish hope of a favorable termination of labor by the natural powers alone.

When we meet with such delay we are of course anxious to ascertain the cause, for similar phenomena *may* depend upon something else than that I have just indicated. The descent of the head may be prevented by its unusual size, narrowness of the superior strait, some mal-position, or a tumor or redundancy of integuments beneath the chin preventing flexion. But when owing to any of these causes, there is often vigorous action of the womb, sometimes more so than usual, as if that organ increased in power in proportion to the resistance to be overcome. But when there is failure or tardiness of descent associated with distant, feeble, and very short uterine contractions, we must look for the cause in some other quarter, and often we shall find it in some preexisting derangement of health, either general or local, or in the patient having lately expended her energies by inducing extreme fatigue by long continued or excessive toil.

It will be evident to all, that the indications of treatment in this latter case are very different from those where the delay is caused by contracted pelvis or the other circumstances we have just before enumerated. In the one case the labor is retarded by causes purely mechanical, in the other purely pathological. In the beautiful language of the sublime

and plaintive Hebrew poet and prophet, "the children have come to the birth and there is not strength to bring forth." Such a figure might in his day well be employed to portray the deepest and most hopeless national distress.

Before proceeding to detail a few cases illustrative of our subject, we will venture to offer a few remarks upon the proper treatment of the cases under review. In doing so we do not expect to instruct or supply any new information to those of equal or greater experience than ourselves. Our highest aim will be to furnish a hint to younger practitioners, where such may be found of sufficient docility to think the experience of their seniors at all worthy of regard.

Suppose then that upon examination of the case before us we find the patient has been suffering from some debilitating disease, either of quite recent origin, or dating from a period more remote, and we encounter the premonitions of a protracted labor such as we have already described and therefore need not repeat. The contractions are so feeble, even after long waiting for an improvement, that we despair in this state of things, of a natural delivery. The os uteri is often fully dilated, apparently owing to and partaking of the general relaxation of the system, and we will here in the first place assume it to be so, but even with this advantage, so feeble is the propelling force that the head does not advance. I say *head*, for I am here supposing the presentation normal; if otherwise, measures of which it is not now my business to speak, would be requisite. What is here to be done? Force is the great desideratum, the essential requisite to effect the end in view. Can we educe it from the womb itself, or must we supply it from an extraneous source. Ergot may in the first place be tried, but cannot under these circumstances be very confidently relied upon. To ensure its prompt effect the susceptibilities of the organ to its specific impression must be intact. But unless my observations have been incorrect, that susceptibility is very much lessened by debilitating disease. I have been in the habit of administering a few drops (from 6 to 10) of the

saturated tincture in a little water every fifteen or twenty minutes, and if no result follows, increasing the dose till either the desired end was reached or I was convinced that further trials would be futile. In some few cases this seemed to rally the uterine energies—perhaps in a greater number it failed. We may possibly here find an explanation of the great discrepancy in professional opinion as to the powers of ergot. While some are very confident of its specific action upon the parturient womb, others deny that it possesses any such power. Both are right and both are wrong, according to the different standpoints from which the subject is viewed. Ergot undoubtedly acts promptly upon the uterus, at least during the process of parturition, but then that organ must possess sufficient of vitality to receive its impression.

In cases of uterine inertia from disease, where the latter still co-exists with the former, it would certainly be good practice carefully to study the symptoms and administer the homœopathic remedy. This would be proper at least in those cases where the disease is of such a nature that we might expect its amelioration or cure with sufficient promptness to answer our purpose. But even here its *consequences* would be likely still to remain and interfere with the labor.

Of the other debilitating causes to which reference is made in the title of this paper as modifying labor, I can here take time to speak of only one, that is severe and protracted bodily or mental exertion, through the general exhaustion of the vital energies which it produces. Here again ergot usually fails to rally the energies of the womb. Rest is the great restorer of the wearied vital powers, but how in this particular instance to procure it for the patient is a question not always easily answered. The pains, although too feeble to advance labor, are apt to be sufficiently annoying to prevent rest. Our allopathic brethren would unhesitatingly advise Opium in sufficient doses to induce sleep, with the promise that when the patient would wake up she would feel refreshed, the uterine functions be resumed, and the labor at

once proceed to a fortunate termination. This might be so, or it might not. Some women, nay many, are very unpleasantly affected by Opium in large doses. It produces in them headache, nausea, tremors and other unpleasant symptoms. The narcotisan of Opium cannot, at least always, supply the place of natural sleep. We have several remedies which are worthy of trial in such cases. Where there is great nervousness, Coffea would probably be found useful. I am not certain but that a cup of well prepared coffee would at least with some do good. If we may reason from our own experience, nothing so effectually relieves us from the effects of fatigue as a moderate draught of this beverage.

When the os uteri is rigid, which under the circumstances we are speaking of, is not very common, we should resort to means to promote its dilatation. *Actea racemosa* is valuable for this purpose. *Gelsemium* is also probably of use, and some particularly advise *Lobelia inflata*. When such means fail, we may resort to Barnes' dilators or manipulations with the fingers skillfully executed. By securing the dilatation of the os uteri we remove an obstacle, and thus as it were accommodate the work to be performed to the weakened powers of the womb. It is like taking off a part of the load from the wearied, jaded horse, already sinking under his burden.

Another admirable expedient for obviating the difficulty to which we have last adverted, is the administration of chloroform. Under its anæsthetic effects the most rigid os-uteri will generally relax, and the womb as if encouraged by the removal of so great an obstacle to the completion of her work, will often wonderfully increase in energy, so as to accomplish her task without further artificial aid.

It is not uncommon, however, to meet with cases of labor modified as we have just indicated, where the natural powers fail even to bring down the presenting part fairly into the cavity of the pelvis. Here of course manual or instrumental aid will be required, and a most important decision will be, when we should render it. I will only say, *certainly* before

the patient is so far exhausted as to endanger collapse beyond recovery. For my own part I would interfere even long before matters had reached so desperate a condition.

I might cite numerous cases in illustration of my subject, but will not trespass upon your patience with lengthy dry details. I will ask your indulgence only while speaking of three of quite recent occurrence.

Mrs. G., still a young woman but mother of several children, took a severe cold late in the spring or early summer of 1873, and perhaps six weeks before her *expected* confinement. After partially recovering from this cold, she imprudently exposed herself by sitting near an open window, while the air was yet cool, in the early part of the day. This was followed by perhaps the severest attack of pleurisy I remember to have seen. Extensive effusion into the pleural cavity took place, so that she was obliged to be propped up in bed to almost a sitting posture in order to rest. Pulse was exceedingly quick and feeble, with extreme prostration. Under the diligent use of remedies absorption gradually took place, but was far from complete when, about the middle of July, I was sent for to attend her in labor, which occurred two weeks earlier than she anticipated. When I arrived I found her uttering strong expressions of suffering, while the contractions, tested in the usual way, were found to be very feeble and inefficient. The os uteri was already dilated and all the tissues in a state of complete relaxation. As her suffering was extreme she urgently begged for chloroform, which was given her to her entire relief from pain. I could perceive no difference afterwards in the frequency of the contractions; they still continued to recur feebly, at rather distant intervals, say every fifteen minutes. Tincture of ergot was given, from six to ten drops at intervals of twenty minutes, without perceptible effect. The dose was then increased to twenty drops or upwards and persevered in for considerable time, but without the least result. It began to be manifest that instrumental interference would ultimately be necessary, for the head, which had but

partially dipped into the superior strait, made not the slightest advance. I waited however till five o'clock P.M., when I delivered her with Hodge's forceps, of a well developed male child of large size, weight not ascertained,—in all respects healthy.

If I may be pardoned the digression, I would here remark that in this case at the time of operation the head had but very partially entered the superior strait, lay in nearly a transverse position—no movement of rotation having taken place, yet the blades of the forceps were introduced along the sides of the pelvis, without any attempt to apply them to the *sides* of the head, one blade as afterwards seen, resting upon the occiput and one upon the forehead, the head being flexed. The blades locked without difficulty or force, and extraction was effected with the right hand grasping the instrument near the lock, and of course effecting little or no compression, and yet the head was delivered with the occipito-frontal diameter corresponding with the transverse of the lower strait. There was no mark upon the child's head beyond a mere redding of the skin, indicating the situation of the blade. The mother on waking up declared she knew nothing of the whole affair and made an excellent recovery—the effusion within the chest having in a few days entirely disappeared. The child also did well.

That this case may the better elucidate what I have said, I would further remark that this patient is a woman considerably below medium stature, is however well formed, and has always given birth to children of larger size, without instrumental interference in any of her former labors. Her labors have in no case been rapid, but always advanced under energetic contractions of the womb as expeditiously as could be expected from the size of the infant. We may then, I think, justly infer that the utter failure of the maternal powers in the confinement just detailed, was attributable to a modifying influence upon the womb through pre-existing disease of other organs. The uterus participated in the general atony of

the system, and was not simply the subject of atony limited within its own muscular structures.

Another case.—Mrs. M. also a young woman, the mother of several children—short build—healthy and robust. I have been called upon to attend her in all her confinements—but so rapid were her labors generally, that I seldom reached her until after the birth of her child. She had always been a hard-working woman, but more so lately as her husband had fallen into pecuniary embarrassment, through which she was deprived of help. In the early part of August last I was engaged to attend her in an approaching confinement, supposed to be ten days or two weeks distant. The very next evening, however, I was summoned to attend her, as she was supposed to be in labor. When arrived at the bed-side I found her without labor-pains, but severely suffering from dysentery, which had harassed her throughout the preceding day. She told me that a day or two before she had assisted her husband in the harvest field in raking oats,—that she had previous to this had diarrhœa, which had partially or perhaps wholly subsided, but was superseded by bloody evacuations, griping pains and the most violent tenesmus. Shortly before she had sent for me, she had, probably when at stool, been seized with such violent labor-like pains, that she was unable to reach her bed or even leave the spot where she was. Assistance came to her relief by whom she was placed in bed. When I arrived the uterine pains had ceased, but the dysenteric discharges and tenesmus continued. Upon examination I found the os-uteri situated high up and but little dilated. There was reason to doubt whether labor would not be postponed to a future time. After waiting an hour or two however there seemed to be a renewal of the uterine contractions, feeble and ineffective, but very painful and annoying. No progress being made after considerable time,—no increase in the pains in either frequency or efficacy, I administered small doses of tincture of ergot, carefully watching the effect and increasing the dose. This practice being persisted in for some consider-

able time without any important result, and the patient suffering much—roasted as it were between two fires—I gave chloroform to the extent of insensibility to pain. A change very soon took place even beyond my expectations—the os-uteri speedily descended, became relaxed and fully dilated—the expulsive pains became regular and sufficiently energetic—and the labor, although much more tedious than was customary with this patient, terminated by the natural power sooner than I would have ventured to predict.

A curious circumstance connected with this case was, that the dysentery which had been so violent through the day promptly ceased after taking the ergot. She assured me since her recovery that from that moment she felt nothing of it—it never returned in any form whatever. Was this a mere accidental coincidence or did the ergot cure her? I am inclined to the latter belief. (See Bell on Dysentery, Diarrhœa, etc., Article *Ergot*.)

The patient made an excellent recovery, although to use her own words she “never had so much trouble with a child before.” This trouble I think we may very fairly infer was owing to the preexisting disease already noticed.

I may perhaps expose myself to criticism for administering ergot in this case—with some justice perhaps, because in such cases it generally does no good—but principally because it was given while the os-uteri was yet undilated and even somewhat rigid. To the first, I would say we cannot always with certainty predict the failure of this drug till we try it:—and to the second, the above objection applies to the use of ergot in large doses only. As formerly and perhaps yet generally given, it often raises a storm which the doctor is unable to control, and like Saul in the presence of the witch of Endor, he is terrified at the sight of the ghost whose appearance he had himself solicited. Many years ago, I was accidentally led to give the secale in small and often repeated doses, and have done so ever since. In this way it may be given to evoke uterine contractions however rigid the os may be, and

uterine contractions are a means, (I do not say the *only* means) of overcoming this rigidity. It is truly wonderful how small a dose will elicit a response from a womb whose susceptibilities to its influence are intact; and on the other hand how large a quantity may sometimes be given without any perceptible effect.

Allow me in conclusion to recite one other case. Mrs. W., the wife of a farmer; young, first pregnancy, of low stature, heavy build, healthy in general, but subject at times to rheumatic attacks, came into the room when I accidentally stopped at her house on account of some business with her husband, to state to me the condition of her health, and engage me to attend her in her approaching confinement. I observed her face was very much swollen, as also her hands and arms. Upon examining her feet, I found the integument around the ankles projecting over the tops of her shoes, which were of much larger size than she was accustomed to wear. In short, her whole person, so far as could be discovered, was wonderfully anasarcaous—pitting every where when pressed with the finger. The very next morning after the interview, I was called upon at an early hour to attend her in labor. I regretted I had not an opportunity of ascertaining whether or no the urine was albuminous.

Finding the pains very distant—os-uteri not dilated—and no signs of a speedy delivery, I left to attend to other business. Called again in the course of a day, but found no perceptible progress. In the evening was sent for, with the statement that the pains had become stronger and that my presence was immediately required. The os was now partially dilated; otherwise no progress, although the transient pains had become very distressing. A kind of subsultus tendinum was observed, which increased the fears of convulsions I had already entertained. Gave *Gelseminum* in water, after which this symptom soon disappeared. The patient was exceedingly restive. When dilatation had sufficiently taken place, I ruptured the membranes; but the head, the presenting part, did not descend,

but still remained at the upper strait. Finding the pulse becoming quick and feeble, I introduced the blades of the long forceps along the *sides* of the pelvis, and after a little difficulty I procured an easy lock and delivered the head without withdrawing or in any way altering the instrument. The right hand, as before stated, was placed near the lock, and consequently there was very little compressive force exerted. The handles of the instrument did not revolve in my hand, indicating rotation of the head, nor did the head rotate within the blades, otherwise traces of this movement would have been noticeable upon the skin after birth. One blade had rested upon the forehead, the other upon the occiput,—the point of the latter left its mark in a mere reddening of the skin just below the occipital protuberance and between the tendons inserted there. Both mother and child did well—the dropsical condition of the former quickly subsiding, and she soon regained her accustomed health. She has been since pregnant, but retained her health, and so rapid was her labor that, although using all proper diligence, I did not reach her till some time after the birth of her child. Both her children were of large size.

TWO CASES OF PLACENTA PRÆVIA.

BY MICHAEL FRIESE, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1873.)

CASE 1. The first case is that of a young married woman, pregnant with her first child. Her temperament was leucophlegmatic, with a decided anæmic tendency; but she did not complain, previous to her pregnancy, of being in bad health. It was some two weeks previous to parturition that she sent for me, and stated that she did not feel well, but could not give any very decided symptoms except an uncomfortable feeling in the hypogastric region, with some slight nausea. I prescribed Pulsat.³⁰ and did not see her again until her labor commenced. When I reached her bed-side, she told me she had had considerable hemorrhage for several days past, but

did not think it was anything unusual. I at once suspected an abnormal position of the placenta, and an examination proved that my fear was well founded. During the examination, she lost a large amount of blood, and thinking that a prompt delivery was necessary, I sent out for counsel and assistance. Dr. C. H. Von Tagen came in a very short time. There was now not much loss of blood, but the os uteri was considerably dilated, and yielding, and it was apparent that if the pains would increase, and the labor go on, dangerous hemorrhage would be the result, the placenta being fairly placed across the mouth of the womb. We proceeded to deliver by forceps, which method was preferred to turning on account of the position of the child and the advancement of the labor. Delivery was accomplished in a reasonably short time, but not without great loss of blood. The placenta came away soon afterwards, and the hemorrhage ceased. I would here remark, that the method of puncturing the membranes and slowly drawing off the liquor amnii was attempted, but for some reason or other did not succeed. The placenta was broken through by the hand, and the child thus delivered. The patient seemed for a time to present no symptoms but those generally following labor; but within an hour it became evident that reaction was not coming on satisfactorily. We made use of the usual remedies, together with stimuli and artificial heat, but she gradually sank, and died in four hours after delivery. The child survived and did very well.

CASE II. The next case is one that occurred in the practice of Dr. C. J. Carmony of this city (Harrisburg). The patient was a woman of nervo-bilious temperament, usually enjoying a reasonable degree of health. I was called to see her in consultation with Dr. Carmony, and upon examination found the placenta presenting, with much loss of blood. Having no forceps with us, Dr. Carmony went to his office to procure the instrument, at the same time bringing with him Dr. I. Elmer Cook. We then proceeded to deliver the lady by turning, which was successfully accomplished, with safety to

the mother, but the child was still-born. In this case also the patient had lost much blood previous to the commencement of labor, and hence it was not considered safe to trust to the evacuation of the amniotic fluid to arrest the hemorrhage. The placenta was broken through, the membranes ruptured, and the child delivered as speedily as possible. This I conceive to be the best course in all cases where dilatation is sufficient to admit of its practicability. I am aware of the difficulty encountered in this serious abnormality, when the os uteri is rigid and comparatively undilated, but have never been so unfortunate as to meet cases of the kind. I have, however, a plan of operation in my mind, should I be brought in contact with such a case. It is as follows:—Inasmuch as the uterus is not capable of holding a large quantity of blood from internal hemorrhage, when containing both the fœtus and placenta, I should rely upon the tampon to prevent external hemorrhage, as well as to help on with dilatation of the os uteri. Then, as soon as possible, I should deliver, either by turning or the forceps.

In cases where the uterus is somewhat inert, and the os at the same time soft and dilatable, I give small doses of Ergot, say drop doses of the tincture or fluid extract. This, if not carried too far, will not interfere with delivery by mechanical efforts, and may help to avert post partum hemorrhage by securing permanent contraction of the uterus. Indeed I have come to look upon this remedy as the best we have in its primary action to prevent and remove uterine inertia.

These cases of placenta pravia, although presenting no unusual features and no new method of management, may still, we hope, bring out, by way of discussion, some valuable hints concerning the best mode of treating this alarming difficulty.

PNEUMONIA WITH MISCARRIAGE.

BY J. H. P. FROST, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1873.)

MRS. C., then aged twenty-nine, was delivered, February, 1872, of a living child at full term, which had ulcers on one leg; two toes and part of the foot of the other side having also mortified. This child lived two days.—The mother had received no inquiry, and knew of no particular influence which could have so unfortunately affected the fruit of her womb.—Nor could the experienced physician who attended her discover any cause.

In the following winter, being again *enciente*, and suffering from what she considered a continuance of the menstrual flow,—which was really an irregularly recurring uterine hemorrhage—she placed herself under my care. Up to this time she had had seven confinements and miscarriages with a net result of one stout boy of five, now living, and three infants who lived a few months each, one two days and one three hours. Of the infants, who lived respectively fifteen, ten and eight months, one died of pneumonia and two of cholera infantum.

To restore the health of this lady, who while in good circumstances and a happy wife was a most unfortunate mother, I set myself seriously at work.

But very soon after I began giving her medicine, she took a violent cold in January, which settled upon her lungs. Her condition was greatly aggravated by going up stairs to sleep in a cold room; and then still more by the almost incredible imprudence of scrubbing the back porch! This latter affair was unknown to me till many days after, and I then understood what made her grow so much worse in spite of all my efforts. As soon as possible, arrangements were made for warming her sleeping room, and she remained up stairs in bed, by this time entirely unable to sit up. Her pneumonia was extremely obstinate and severe. She told me I should have all I could do to save her life from that. But when the intensity of the

fever began to abate, and I looked for convalescence, a new and still more formidable danger appeared instead. Pains threatening a miscarriage arose, preceded by a chill; and the tendency of this disaster was much increased by the frequent and racking cough. Still, as there was no hemorrhage, I had hopes that the medicines would prevent the mischief, until, summoned in the night, I found a five months child already born, the placenta undelivered, little or no pain, and plenty of flooding. Frictions of cold water upon the abdomen, Pulsat. and China were employed to bring on the pains; and after two hours incessant effort, I succeeded in removing entirely an adherent placenta. I felt obliged to detach the placenta by the natural means (of uterine contractions) if possible; being well assured that my patient even if she endured the present injury of a forcible separation and removal, would never survive the putrid fever which must necessarily follow the rupture of the after-birth and retention of portions, however minute, which would inevitably remain attached to the inner surface of the uterus.

Thus by patience and perseverance the great difficulty was overcome. But I was sure that any continuance of the flowing could not but prove fatal. I gave her wine and water, China, and applied cold, wet cloths to the vulva. There was no hemorrhage after the expulsion of the placenta, but the patient remained speechless and almost lifeless for twelve hours. Then she rallied, took nourishment, and was down stairs again in two weeks. During the period of profound exhaustion that followed the labor and loss of blood in her previously enfeebled condition, I did little more for her than to insure absolute quiet and perfect rest. Her certain death was expected by all; and when she recovered, as I had predicted, the family and "the rest of mankind" hardly knew what to make of it.

In the first week of September this lady had another miscarriage, or rather abortion, at two and a half months, brought on by washing and lifting something heavy. This affair which laid her up for a couple of weeks, gave her little trouble. And

I am in hopes to enable her by proper care and medicines to do better in future.

SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

(Read before the *Homœopathic Medical Society of Pennsylvania*, October, 1873.)

Hydrocele and Hernia. Mr. Edward S. P., æt. 28, presented himself May 2d, 1873, with the right scrotum much larger than an infants head, due to scrotal hernia and hydrocele combined. Hydrocele alone was present on the left side, making a tumor as large as a man's fist. He stated that the fluid was first noticed on the right side, six, and on the left, two years ago, since which he had been tapped every few months. That a year ago after a violent effort at lifting, inguinal hernia made its appearance and soon after descended into the scrotum, for which he has since been constantly obliged to wear a truss: hernia reducible. The intervals between the tappings were getting much shorter, the water collecting faster, and the scrotum when empty thickened and elongated, being in itself a positive discomfort and deformity.

I did not expect to do more in this man's case, than my predecessors, that is, tap him; as the various methods of surgeons to effect a radical cure had been tried without avail, as excising a portion of the tunic, injecting Iodine into the sac, etc.

Removing the truss and retaining the hernia with my fingers, I made a short straight vertical incision over the front of the scrotum below each testicle, by which the sacs were thoroughly emptied and exposed to the air. In addition to this, setons were passed through the openings to favor drainage and excite inflammation in the tunic. He went home, applied water dressings, but neglected to remove the setons in twenty-four hours, as I told him, and they were kept in five days, until pus had formed within the sac and erysipelatous inflammation supervened. When the discharges had ceased, adhesion was complete throughout, and the result was a radical cure of both his hernia and double hydrocele. His scrotum at this date,

Sept. 24, has contracted to the normal size and he has not worn a truss since the operation. The homœopathic remedy here, putting a greater inflammation to cure a milder one of the tunica vaginalis which caused the effusion, although given in too strong a dose, was very effectual. If he had withdrawn the seton on the second day, the result would probably have been the same. As he was a man of means, he came to be relieved and did not care about the pain and inconvenience of a radical cure, although the result was gratifying to us both.

Cystic Tumor of the Orbit. Assisted by Dr. E. B. Stevens. Aug. 13th, 1873. I removed a tumor of this character from the left orbit of Mr. W. Howard Baker, of this city, æt. 20. The growth was first noticed shortly after an attack of scarlet fever when six years of age, and had been gradually increasing ever since. The case was an enigma to the various physicians who from time to time examined him, and being a person of wealth he had the opinion of prominent men in this and other cities.

Off and on for the past five years he has been taking homœopathic medicine from a physician of this city with a view to dissipate it. At the time of operation the eyeball was greatly protruded, the loose tissue between it and the supra-orbital ridge near the inner canthus was pushed out, having a rounded or half ovoid appearance, elastic and tender to touch, made him pale and sick at the stomach to press upon it, eye limited in movement and partly amblyopic by tension of the optic nerve and pressure on the globe. Double vision was so annoying as to virtually prevent his reading without closing the affected eye. For many years he has had little pain, but as the exophthalmus increased his sufferings have been intense. Being chloroformed, and satisfying myself of the nature of the tumor by an exploring needle, I raised the lid and cut the fold of conjunctiva half way around between the lid and globe, making a necessary upward slit in the lid. By dissection was brought to view a cyst wall; this was separated from side to side as far as possible, transfixed and freely opened. At first a quantity

of cheesy semi-solid matter was tilted out by the handle of the scalpel, then by pressure on the ball and drawing on the sac a clear gummy substance was pressed out. The sac was removed and the space filled with a little loose charpie, to induce suppurative inflammation. The collected substance preserved and shown to the family was in volume as large as a walnut. The result was entirely successful; the eye has receded, now looks natural, is free from pain and double vision, with no orbital deformity.

Strangulated Oblique Inguinal Hernia in a Female. Out of my record of thirty-seven cases of herniotomy, this is the only one of inguinal hernia I have met with occurring in the female, demanding operation. I have been frequently summoned to cases, but easily reduced the bowel under ether.

April 17th, 1873, I was called by Dr. Edward J. Pusey, to see Mrs. Ann Pfeifer, æt. 58, living at No. 3927 Elm St. West Philadelphia. The woman had never worn a truss, and from her history, I inferred that the hernia had existed a long time before she was aware of its real nature, hitherto being reducible. Strangulation with stercoraceous vomiting had existed for about eighteen hours. The right labium was greatly distended, the continuity of the tumor with the abdomen above Poupart's ligament, and impulse on coughing, left no doubt of the case. After etherization a careful and prolonged attempt at reduction was made without avail, when assisted by Dr. Pusey an operation for relief was performed. On opening the sac, a quantity of brownish serum escaped, and surrounded by folds of darkened omentum, was a knuckle of small intestine, mahogany colored. The structure at the neck of the sac when divided allowed the parts to slip readily into the abdomen. To prevent the descent of the bowel, I passed a ligature several times through the neck of the sac, gathering it together and allowing one end of the ligature to remain without the wound, to draw upon when adhesion had taken place. The incision was closed in the usual manner. The woman was out of bed in two weeks, and does not now require a truss, with no descent of the hernia.

NECROSIS AND GANGRENE.

BY DR. H. LANCEREAUX.

Translated by S. Lilienthal, M.D.

MANY authors use as synonymous expressions the terms *necrosis*, *mortification*, *sphacelus*, *gangrene*, etc. We consider the essential character of *Necrosis* to be *mortification*, the death of any part of a tissue or organ, produced by diminution or extraction of the nourishing fluids; while *Gangrene* has the same fundamental character, with this difference, that it is the action of a putrefying process.

Necrosis is a limited process, a simple consequence of a negation, of the absence of the nutritive material for a certain part, causing the death of the tissues without the addition of an element inimical to the organism. In *Gangrene* we meet a progressive lesion attacking the tissues and causing their death. The effect of both processes is the same: the difference consists in the mode of decomposition and in the nature of its products.

Necrosis may be divided into two groups: 1. Such as are caused by diminution or suppression of the circulation (pathogenetic necrosis). 2. Such as are produced by chemical agents, which coagulate the blood in the blood-vessels (physiochemical necrosis).

Pathogenetic necrosis mostly attacks the extremities, especially the lower (dry spontaneous necrosis), or internal organs (infarct). The first stage of development of such necrosis shows itself by *anæmia* (the cadaverisation of Cruveilhier), followed, when a collateral circulation is yet possible, by a stage of hyperæmia; the blood-vessels fill with easily coagulating blood, and hemorrhages appear in parenchymatous organs. A further stage of development of the disease is characterised by destruction of the blood-globules, and fatty metamorphosis of the tissues. (The infarcts of external organs appear at this stage yellowish, those of the extremities brownish and dry.) The destruction of the blood-corpuscles mostly leads to the formation of masses of amorphous pigment (more rarely to the formation of Hæmatoidin-crystals). The tissue-elements become granulated, filled with fat-globules, and disintegrate more and more, forming crystals of adipic acid, cholestearin plates, triple-phosphates. Thus cerebral elements become dissolved into an emulsion. The celerity of the dissolution of the tissues usually stands in direct relation to the intensity of the normal exchange of matter. The third stage may be considered either

as partial or total resorption of the necrotic focus, or by its expulsion. Resorption is only possible for smaller foci (infarcts of the kidney, spleen, etc.). An inflammatory reaction forms during the throwing-off process around the necrotic parts. The swelling and increase of temperature of the surrounding tissues begin (at the extremities) mostly at the third or fourth day, a red areola forms about the sixth day, between that areola and the necrotic part incisions are seen, which unite, and day by day increase to a deep furrow, which finally divides the dead part; granulating tissue appears on the surface of the part thrown off, leading to cicatrization; where large parts are affected it mostly leads to a fatal issue. True gangrene sometimes develops itself in the necrotic parts, a complication naturally endangering the position of the patient. In regard to *etiology*, we must consider everything which might disturb or annul the artificial circulation; the *pathogenesis* of these processes is clear; the parts die because the necessary elements for nutrition are wanting. Just as mechanical obstacles act by ligature or pressure (of tumors), changes leading to narrowing and occlusion of the blood-vessels (atheromatous degeneration of the blood-vessels, thrombosis, embolism, poisoning by ergotin). Pressure on the capillaries only causes necrosis when lasting a long while, especially where there is a kind of atony of the parts (decubitus). The veins are here of very little consideration, as their manifold anastomoses mostly prevent necrosis; only where all collateral circulation is prevented necrosis sets in (*e. g.* in incarcerated hernia). Weakness of the heart's action favors the setting in of necrosis, although it is not certain that it is the sole cause of necrosis.

The physio-chemical necroses develop more rapidly than the former ones: they are caused by chemical or physical agents. Concentrated acids and caustic alkalies are active in that direction, acting either in their fluid or in their fixed state. Every agent has its specific action; thus Nitric acid causes a yellow crust, Sulphuric acid more deep, iron-grey necrosis, Muriatic acid a white hard crust, Caustic potash a soft blackish crust, Mercuric nitrate a blood-red one. Every one of these crusts is thrown off sooner or later, is accompanied by more or less suppuration, so that every mortification of a tissue has its own peculiar physiognomy. Of physical agents we must also mention cold, heat and electricity. These necroses have no progressive tendency, except where in the circuit of the crust a putrid process is developed. The functional disturbances arising from

the necrotic processes, depend on the physiological dignity of the organ attacked, and on the extension of the process.

Gangrene. Gangrenous processes are the result of peculiar states of fermentation and putrefaction, and differ in degree according to temperature, moisture, etc., and are mostly found wherever septic substances come in contact with the body, and where at the same time the air has access to the affected parts.

These processes show two periods in their development, of irritation and fluxion, and of mortification and decomposition. Swelling, redness, and serous infiltration are phenomena of the first stage; petechiae appear (the epidermis is raised in vesicles). The consistency is diminished, a more or less fetid odor penetrates the air. The changes taking place at that time in the tissues are yet very little known; after the progress of the process the gangrene forms blackish, greenish, dirty-yellow masses, imbued with a sanious fluid; this fluid contains fatty drops, salts, loose albuminous combinations, taking on a pinkish color at the addition of Nitric acid. The gangrenous tissues are filled with pigment-granules, hæmatoidin crystal; we find volatile adipic acids (butyric, valerianic acid), triple-phosphates: they exhale gases, which give the specific odor to the gangrenous parts, and which sometimes render the tissues emphysematous; these gases are especially ammonia, hydrogen sulphides, ammonium sulphides, more rarely hydrogen phosphides. (*Demme.*) At the same time we observe living organisms, vibriones, monades, algæ (merismopœdia, cryptococcus, leptothrix). In a case of gangrene of the lumbar muscles a great number of sarcinae were found. These organisms, absent in necrosis, are always present in gangrene, playing an active part as ferments: although this needs proving. Characteristic for gangrene is its faculty of extending in continuo or by metastasis. It also causes severe general disturbances (fever, loss of vital power, etc.), and may infect the whole constitution of the body. Metastatic gangrenous foci are often found on the lungs, spleen, brain, liver, etc., they are mostly seated at the periphery of the organs, are multiple, have the same bad color, the same fetid odor as the primary focus, even in organs where air cannot find any access.

We must distinguish in the origin of gangrene the immediate cause and the disposition. Diminished nutrition, moisture of the tissues, favor the development (therefore gangrene may

set in at the spot where necrotic foci touch healthy tissue). The conditions of gangrene are the same as those of putrefaction. The Egyptians produced by embalming a kind of necrosis of the cadaver, they prevented the activity of the mycrocytes which call forth putrefaction.

So much is certain, that gangrene only arises where air has access (and also the organic germs floating in it), and that in every gangrenous focus organisms of a low order are present, belonging to different species, and it is probable that these different species possess a different action, and it yet remains to find out which of these organisms are especially active in gangrene. Another question is, whether all gangrenous processes (cadaveric infection, urinary infiltration, etc.) owe their origin to the same factors.

Whereas necrosis indicates only a mere expectant treatment, gangrene requires energetic antiseptic treatment. *Schmidt's Jahrb.*, No. 8, 1873.

POISONING BY ATROPINE.

The *London Lancet* of Sept. 27th, contains the account of a case of poisoning with Atropine and recovery, in the person of Dr. Sharpey, of London. It is full of interest to the homœopathist, inasmuch as it presents an excellent picture of the principal effects of that powerful agent. The picture, however, it will be observed, is not so finely drawn in detail as it would have been had the limners been homœopaths accustomed to note the effects of drugs on the healthy.

SYMPTOMS.

Unconscious, with incoherent speaking at intervals.

Inability to rise, although he makes efforts to do so.

The skin is hot and pungent, face flushed, veins of forehead tinged and head burning.

Pupils slightly dilated, conjunctiva not injected.

Breathing natural. Pulse 110, irregular, generally full, but varying much at intervals. Heart's action irregular and apparently obstructed. Teeth and lips dry, and covered with sordes.

Extreme restlessness; wants to get up; wants to walk about.

No paralysis, moves all his limbs freely and forcibly.

Very restless and delirious, talking constantly about his

affairs apparently. Busy with his hands pulling the bed-clothes about.

On asking loudly if he had any pain in the head, he replied, "No pains whatever."

Constant and frequent desire to pass water, but inability to do so.

At 5 P.M. Delirious and a little drowsy. His attention cannot be attracted without speaking loudly to him.

Expostulates with those who try to lead him to bed; says he will lose the train, that all things are packed up, and that he must start immediately. Resists when being undressed, saying continually that he will lose the train. Tries to put on his trousers and fasten his necktie. Displays considerable strength, but his movements are unsteady, as if he had lost some control over his limbs; for, when he tried to wipe mucus from his lips he raised his right hand with apparent difficulty a short way from his mouth, and then, with an effort and rather unsteady movement, raised his left hand and touched his lips.

When put to bed, he struggles to rise almost incessantly.

Keeps his eyes closed, but on being spoken to loudly looks at speaker; caught perhaps one word or a part of a sentence. repeated it, and said, "Ah, I shall lose my train."

Cannot be made to understand where he is, that he is ill, or that he must keep quiet.

Not quarrelsome or ill-tempered, but attempts to reason.

No paralysis nor twitching nor involuntary movements.

Head and face much flushed, and hot; pulse full, bounding and irregular.

Speech thick, probably from dryness of the mouth and throat.

Breathing natural; skin feels hot and dry; lips covered with dry mucus.

At 9.30 P.M. Drowsiness has disappeared, but he was still more delirious and talkative. Hallucinations the same; he jumped out of bed several times, and insisted on dressing himself. His movements were now steady and completely under his control. Voice natural; pulse softer, less full and less frequent; skin moist; frequently asks for water to drink; frequent desire to micturate, passing only a moderate quantity of urine.

During the night he had quite sufficiently recovered to tell his friends the cause of his symptoms.

At 9.30 next morning. Almost entirely recovered; there only remained a little difficulty in recollecting what had occurred shortly before he became insensible. Tongue thickly loaded with a dirty-gray fur. There was no rash nor pain in the head throughout.

Dr. Sharpey gives the following account of his own recollection of his condition. After describing how he took sixty to eighty drops of a solution of Atropine in water, in mistake for Quinine, he says: About one o'clock, however, I had gone into my bed-room for a glass of water, as I suppose, and fell down with a heavy fall. I have no recollection of this fall, nor of what occurred for some time after. The first thing I can recollect is, that I was struggling with people in the room, among whom, as I afterwards learned, were Dr. Thane and Dr. Ringer, also my nephew, whom I at once recognized when he told me who he was. I imagined I had to go off by a railway train, which started at ten in the morning, and that the hour was approaching, whilst I had nothing ready for the journey; and I believed that I wished to dress and to pack my things, but was thwarted and prevented by the people about me. At length I was persuaded that it was too late to catch the train, and agreed to wait till the evening. I may here explain that I had come from Scotland by rail on the previous Thursday. I then became sensible that I was lifted into bed, and ordered on no account to rise, which I thought a most unreasonable restraint, especially as I was tormented with irritation in the bladder, and almost incessant desire to pass urine, which was in very small quantity. In this way I passed a very restless night, but slept very fairly in the morning. Meanwhile my head began to clear; I remembered having taken Atropia, and then was able to attend to my condition with some degree of intelligence. I had an intense feeling of dryness in my throat, which abated towards morning; then although I could move my body and limbs, it was only by a great effort, and when I raised my arms they fell as if made of lead. This I ascribed to partial paralysis of the motor nerves, and I watched with some interest the return of power as the night advanced. As to my sensations, they were not blunted, but I misinterpreted them. Thus, I felt a wet cloth on my head, but supposed I had been out in the rain without my hat; and a dose of bromide of Potassium given to me I recognized as a saline solution, but imagined it was mineral water from the Airthry spring which I had tasted on the spot

some ten days before. When I woke up I was astonished on being told it was Monday. I imagined the affair happened on Saturday.

ITCHING OF THE TIP OF THE NOSE, CAUSED BY MENTAL SHOCK. CURED BY SILICA.

BY E. M. HALE, M.D.

SOME time since, a very singular case came under observation. A gentleman in good health, aged 48, complained to me of an annoying itching of the tip of the nose, which had troubled him for ten years. When actively engaged in business, or while reading, the sensation was not observed, but at other times it was pretty constant. It was especially aggravated when he allowed himself to think of it, or saw any person who had a red nose. The itching often kept him awake at night.

On examination, no change in color was perceptible. If rubbed much, the tip became red, but disappeared as under ordinary circumstances. No irritation was discoverable on the inside or mucous membrane of the nostrils. On being closely questioned, he related that ten years previous, he visited a friend, and was surprised and shocked to see that a large portion of the end of his nose had been eaten away by a cancer. *From that moment* an intolerable itching of his own nose had annoyed him.

No example recorded by Dr. Take in his interesting work, "*The Influence of the Mind upon the Body*," equals this in uniqueness.

This gentleman had tried all kinds of lotions and applications to the affected spot, but without gaining any relief. It occurred to me when examining the case, that I had somewhere seen in our literature an observation that Silica had cured a "long lasting itching of the end of the nose."

I prescribed six powders of Silica, 6th trit., one every evening, and forgot all about the case. Several weeks afterwards,

however, this gentleman met me on the street and said, "I took the powders, and before I had taken the last I found that I was no more annoyed by the itching, nor has it troubled me since."

This case shows that a homœopathic remedy is capable of curing an irritation of the minutest peripheral nerve, caused by a mental emotion. It also shows that the remedy need not correspond *exactly* to the symptoms. *Silica* causes "Itching of the nose with *red* tip," and various other itchings of the nose, but always with some lesion or change in the appearance of the surface. But here was *no* change in the color of the skin. I think it a brilliant cure of a small but annoying disorder.

FRAGMENTARY PROVING OF PHYSOSTIGMA VENENOSUM.

BY S. SWAN, M.D.

Nov. 9th. Took one dose of the 1^m potency, Fincke. In six hours passed great quantities of flatus.

At midnight violent palpitation of the heart, with throbbing all over the body.

Dry heat in the hands.

Great fullness of the eyeballs, as if they were too large, with a sensation as if the lids were too tight on closing them.

Labored respiration.

10th. Contractive pain of the anterior surface of os coccygis, as if dysentery were coming on; since verified.

Flashes of pain in the right temporal region.

11th. Sphincter ani swollen and rigid; evacuation painful, rectum protruding, swollen, and very sensitive.

Swollen sensation with burning in the eyeballs.

12th. Woke about 2 A.M. with a rapid tumultuous action of the heart as in high fever; but there was no unusual heat.

Pain in the head over the right eyebrow, extending to the temple.

Anus still very painful.

13th. Hard lumps like piles, protruding and very painful.

14th. Piles worse, burning and very sensitive—used Cosmoline with excellent effect, as it quickly allayed the burning.

Pain in the right frontal region. At night, intense itching of the edges of the eyelids, and inner canthus of the right eye.

15th. Piles better during the day—at night the burning pain was so great, could get no rest till Cosmoline was applied, when I soon fell asleep.

16th. Piles much worse, one large soft protuberance of the left side of anus, and two large hard lumps that seem attached to the sphincter on the right side; they are dark blue and very painful.

Great quantities of flatus is passed; this seems to be generated in the rectum, as there is neither distension or rumbling in the abdomen.

It is first perceived just as it is ready to escape, and if restrained, rapidly augments in volume; there is very little odor.

17th. Pain on motion in the sacral region to the left of the spine, as if strained by lifting, with the feeling that a violent motion would produce lumbago.

Piles very hard, protruding and causing great pain while sitting or walking; the suffering was so great I took physometra, 50^m F. Shortly after taking it the pain and soreness lessened and I slept well.

18th. Found the pain all gone and the piles decreasing in size, and by the 20th or 21st, had entirely disappeared.

During the proving there was shortness of breath, and a sensation of collapse of the lungs, as if all the air was expelled at each expiration, causing long and deep inspirations and a sighing expiration.

Uneasiness and distress about the heart, mostly without violent palpitation, but with a fullness, and pulsation over the body, so that I counted the pulse, 72, by the ear. This uneasiness is principally at night, causing restlessness, tossing from one side to the other, with dry heat all over.

During the proving I awoke every morning to hear the clock strike two, and generally fell asleep after five. This is the first time I ever had piles, and I hope it will be the last.

Since the proving I have had a severe case of piles following child-birth, and which, corresponding to the conditions of physostigma, was promptly relieved by a dose of the 50^m.

OBSERVATIONS ON SOLAR AND LUNAR INFLUENCE, AND ITS RELATION TO OUR MATERIA MEDICA.

BY C. HERING, M.D.

HAHNEMANN in his first published work of provings, the *Fragmenta*, 1805, mentioned the times of day quite frequently—we find morning with 30 symptoms, evening occurs just as often and night about the same—yet forenoon and afternoon were not mentioned at all, and the times before and after midnight were almost unobserved. The noon hour was mentioned once only, and after midnight once, both under *Capsicum*. In the year 1827 Hartlaub in his repertory looked upon morning, evening and night as the only divisions of importance (he mentioned morning 178 times, evening 243 times, and night 147 times).

It will here be observed that the night symptoms are not in proportion to the relative frequency of night symptoms as found with the sick. This is owing to the fact that many of the night symptoms were placed under “sleep.”

Hahnemann had already at that time made observations relative to “before and after noon” as well as “before and after midnight.”

In Hahnemann's work on *Chronic Diseases*, these subdivisions were observed throughout, with increasing accuracy; so that in Hartlaub's repertory to the remedies of the *Chronic Diseases*, published in the year 1830, we find 27 pages of symptoms relative to morning, 24 pages to evening, and 16 pages to night; while at the noon hour 18 symptoms stand, and to afternoon 12 pages are devoted. The forenoon, although mentioned by provers, was by Hartlaub, 1830, and Rückert, 1833, thrown into the morning. We have Bönninghausen to thank for the separation of the forenoon symptoms, and especially for the distinction which he gave between, “before and after midnight.” The ground on which Hahnemann and Bönninghausen gave this distinctive separation of “before and after midnight,” was the fact, so frequently observed, that at these times an aggravation was manifest with the sick, as well

as the fact that various remedies showed a decided characteristic action, during the time immediately preceding, or succeeding, the midnight hour. When we bear in mind that from midnight to midday, the earth's position becomes nearer and nearer to the sun, and from midday to midnight the position becomes more and more distant, we must see that with this revolution, the midnight change is a different one from that at midday. We might compare it to a Cycloid—this may be more clear if we suppose the daily revolution of the earth to be like a wheel rolling on the inner side of the earth's orbit—and the end of each daily Cycloid will be at midnight. We feel warranted in assuming this, as there is a more decided difference at the midnight turning point: our materia medica provings, as well as our cures, show this. The two hours before midnight and the two hours after midnight, differ from each other much more than the corresponding hours before and after noon. Now these latter may be influenced by our mode of living, while the first—the midnight change—can only be attributed to the retreat from and then approach toward the sun. From this we feel warranted in making a distinction between before and after midnight. We must also consider, that as various as the influence of the sun may be, in regard to warmth and cold, the changes of light, and to electricity, so too our bodies will be liable to come under similar influences, and be affected thereby. These influences *must* have an effect on our diseased system, at certain times and hours of the day. We do know that the body of the sun through gravitation must act on us, for the atmosphere surrounding us, as well as the tides of the sea, are changed in accordance with this influence.

This leads us a step farther in our subject—to the moon. It has been looked upon by many as acknowledged that the moon has an influence on the tides. That the tides are synchronous with the nearness and farness of the moon, cannot be disputed. Yet from this fact it would not be wise to accept the general opinion that the moon was the *cause* of the changes of the tides. This belief is beyond doubt, on a par

with that in regard to many other phenomena, which manifest themselves under certain similar periods, and which have been treated of as being attributable to the same influence. In olden times, many things were supposed to act with the moon, though more careful examination proved this not only doubtful, but untrue. During the first attacks on superstition, many errors were corrected, yet with them many truthful and useful things were almost destroyed—like as a woman during a house-cleaning, in the desire to destroy all useless things, is often guilty of destroying, either thoughtlessly or through ignorance, valuable papers.

From this feeling against superstition, it arises, that when we speak of a connection of a solar and lunar influence with physiology or pathology, certain would-be wise ones become as agitated as women with long hair in a room with a bat. Johannes Miller, the German physiologist, went so far as to assert that the menses had no relation whatever to the lunar month, although every physician who will make statistical tables will find that the two keep in harmony. Such a table, kept with great care by the writer during a period of five years, gave 70 out of every hundred either at the new or full moon (high tide);—about 30, and these were chronic sick cases, at times between. Many of the sick antepone or postpone, while when they return to a state of comparative health, the menses will appear with either the new or full moon.

Yet with all this, we should not say that the moon was the cause. In a house where, at 12 o'clock noon, with the striking of the clock the table is spread, the striking of the clock cannot be assigned as the *cause* of the spreading of the table. Every thing which is asserted should rest upon careful observations. These are but cotemporary phenomena; and least of all should the adherents of Hahnemann fall into the error of considering such phenomena as necessarily synonymous with cause and effect. Hahnemann in all cases followed the strict method of induction, and avoided with the greatest care all conclusions "*post hoc ergo propter hoc.*"

The world always believed, that as the thunder succeeded the lightning, lightning must be the cause of thunder. Yet both these, thunder and lightning, may be dependent on a third condition, the sudden formation of water. Lightning is just as little the cause of thunder as the flash in the pan of a gun is the cause of the report which may follow. Here be it remembered that the conditions in these two cases are just the reverse, one of the other. If from established facts we feel that certain changes, both physiological and pathological, point to the moon in its course, it is, we would most earnestly endeavor to impress, like as we look at a clock on the wall: so here,—but it hangs on the heavens.

In our printed *Materia Medica*, the changes of the moon remained quite unnoticed until the year 1828,—being some two score years of close observation relative to the action of drugs on the human economy—when Hahnemann gave to the world the provings of *Silicea*, in which appears the following remark: “*Silicea* seems to develop most of its symptoms during the new moon.”—(see 1st edition, pp. 247, symptom 489—2nd edition Vol. V., pp. 284, symptom 1017.) We would just here call the attention of those who boast of being sceptics, as if that was something wonderful, to the fact that during the full term of a generation, Hahnemann had been engaged on and making advance in the art of proving. We must admit that before Hahnemann, *Silicea* was looked upon as an entirely inert substance, being unknown as to its medicinal qualities. All Hahnemann’s observations relative to it have been confirmed.

Following this announcement, we had other observations, in 1836. *Alumina* in its action on the skin, full and new moon, by Hartlaub. *Calc. carb.* at the full moon, Sabad. in worm affections during both new and full moon. *Daphne indica* during the decrease, and *Clematis* during the increase. In the repertory to Noack and Trink’s hand book, only *Silic.*, was mentioned; while Jahr in the same year, 1848, gives es observations from seven remedies. In 1852, he gives, in the

Symptomen Codex, 17 remedies; for this we have Bönninghausen to thank, who, in his repertory of 1845, mentions 16 remedies, to which we now have 3 additions from more recent observations by Bönninghausen, obtained by Dr. Dunham from original manuscript additions—these except the *Clematis*, *Daphne ind.* and *Natr. mur.* It was two score years before the first observation was made, two score more and we have observations from 24 remedies.

It is our duty to receive these observations and give them our attention and thorough investigation. This is only possible through a careful collection of facts, for confirmation of the truthful and rejection of the false. That which *cannot* be substantiated, dies off like a twig to which no sap is given; it withers in time, is cut off, and the tree freed from a useless member.

It is of importance here to remark, that after Hahnemann, who first noticed the action of *Silicea* at the new moon, further investigation, by another, developed the fact of an aggravation existing also at the time of the full moon; so also with *Alumina*. *Calcareo* which showed its greatest action at full moon, was observed to be equally indicated at new moon; and from time to time *Lycop. Natr. carb.*, and *Sulph.*, were observed to act, both in new and full moon (high tides), with especial beneficial effect. As we have symptoms developed at the new and full moon, which have the high tide in common, it seems also probable that with the daily tides, the functions of the body are affected. But as these tides change, daily, varying about an hour, it renders it the more difficult to make observations on this point. So also, near the coast and on the river, where the tides are noticeable, it may be difficult. Yet the time of the local tide is not the point to be considered; we must look to the time of the tides in open sea. We must direct our investigations to the simultaneous manifestation of phenomena with the actual sea tide.

An interesting paper by Dr. Raue appeared in the *Hahnemannian Monthly*, Vol. I., p. 12—in which the Doctor expressed

himself in regard to the solar and lunar influence. This paper received but little notice, evidently because it was thought "too much trouble" for the busy practitioner to take of *valuable moneyed* time to pay attention to this subject. Yet those who thought it worth their while, found constant confirmations. This time the investigation should be made—opportunity will be given and the way made as easy as possible—for the settlement of another weighty but difficult question.

In order that the observations may be made with the greatest possible ease and accuracy, the following notice has been prepared, and a monthly table will be ready for distribution to those desiring to carefully observe facts in relation with the object therein set forth:

NOTICE.—Observations pointing to the fact that in some cases where a medicine properly chosen was given and did not appear to act, the same medicine given in the same case at another hour of the same or next day was followed by favorable results.

This could not be traced to the time of remission or aggravation in the symptoms peculiar to the patient, or to that of the drug. From certain observed facts, the inquiry was started: Is it depending on the combined solar and lunar influence? In order that observations may be made relative to this point a monthly table has been prepared. Such table will be furnished to physicians who may desire to observe the effect of the homoeopathically appropriate single remedy applied according to this inquiry. Hours of birth and death ought also to be noted. The results to be reported to Dr. Hering.

The medicines should be given, half an hour, or an hour later than the hours specified, which indicate the lowest tides.

N.B.—Physicians desiring a table each month on a Postal Card, may obtain them by sending to C. Hering, 112 N. 12th St.

PUBLICATIONS RECEIVED.

COMPENDIO DI MATERIA MEDICA PURA, etc., etc., per il DOTTOR BERNARDINO DADÉA. TORINO, 1873.

(Continued from page 240.)

The extent of research and exactness of citation, shown by Dr. Dadéa in his references to authorities concerning *Agaricus Muscarius* stand in refreshing contrast to the carelessness of some other compilers. Jahr, for example, in the 8th edition of his "NOUVEAU MANUEL DE MEDICINE HOMÉOPATHIQUE [4 Vols.], Vol. I. MATIÈRE MÉDICALE, PARIS, BAILLIÈRE, 1872," gives, as authority, under the head of *CACTUS GRANDIFLORUS* "HALE, *Remèdes Américains* !!! and, without giving any symptomatology, quotes only some clinical results. And this, although Dr. Rubini of Naples, the prover of *Cactus*, one of the oldest and most distinguished practitioners of our school in Europe, and a

corresponding member of the Hahnemannian Society of Paris, sent to Dr. Jahr, immediately on its publication, and again subsequently, a copy of the pamphlet-pathogenesis of Cactus g. published by him in 1864; and although translations of the pathogenesis had been published, in pamphlet form or in journals, in England, America (1865) and Germany (A. H. Z. 59), all of which duly recognized the obligations of the profession to Dr. Rubini, the prover. Also, under CHELIDONIUM MAJUS, Jahr says: "Médicament encore peu connu" (Remedy as yet little known), and refers only to Hahnemann, ignoring not only Teste's, Liedbeck's and Lembke's contributions, but also Buchmann's complete and masterly proving, published in 1865 in the Allg. Hom. Zeitung and translated in the British Journal of Homœopathy, XXIII, 1865.

Hale, likewise, in the 3d edition of the New Remedies, 1873, says, under CHELIDONIUM MAJUS: ["I have given an extensive pathogenesis of this medicine for the reason that *none have heretofore been given*" * * *]—and nowhere refers to the sources from which he obtained the pathogenesis;—although he is, of course, familiar with the publications above named, and although, as we see under Lilium tig., Nitrate of Uranium and a few other drugs, the citation of authorities is not *absolutely* at variance with the plan of his work.

Dr. Dadèa's notions on various subjects connected with Materia Medica may be gathered from his modest PREFACE.

"Whoever is at all familiar with the Homœopathic pharmacology, need only see the present treatise to comprehend that, treating as it does of most of the substances of which our literature possesses a pathogenesis, or which are worthy of study, it cannot, though of no inconsiderable size, claim to be more than a compendium. A compendium, perhaps less incomplete in its parts, less deformed in its proportions than the many others which serve, and only too exclusively, the needs of not a few practitioners of Homœopathy; but still only a compendium, which cannot, alone, respond to the requirements of the Hahnemannian doctrine. For, according to these requirements, (whatever may be said on the subject by the fabricators of the mutilations [stumps—*monconi*] called "CHARACTERISTICS" and by the worshippers of nosological phantasma, it would be a serious imperfection in a Materia Medica, not only if it lacked a symptom, but if there were a defect or an inexactness in the modality of a symptom; and the compendium, from its very nature, always implies deficiencies of some kind or another.

It is, therefore, easy to comprehend that this work, although it may be of use even to the learned and the erudite, as an aid to memory when it would be impossible or impracticable to refer to the complete pathogeneses and the innumerable volumes which contain them,—it cannot for them serve any other purpose.

I write for those among my Italian colleagues who, being altogether unacquainted with it, or being, as yet, behind myself in the study of the limitless science of Homœopathy, have a becoming and honest desire to undertake or to prosecute the study, but do not possess, in their native land, even the most elementary means of satisfying their desire. I write for them only; and, for their benefit, I feel obliged to add some remarks concerning the contents of the present treatise.

Deeming unprofitable the present discussion of the questions whether the method and the means hitherto adopted in pure experiments conform in every respect to the principles of experimental

philosophy; whether the order generally followed in the statement of the results of experiment, be that most conducive to the exact representation of the images of disease which a substance produces; whether the heaping up together of the results of accident and the data of toxicology in unknown conditions,—of the results of pure experiment without the most essential data—and of the results of clinical use, with pathological names in which no confidence can be placed, or with symptoms subdivided at random—be, to say the least, an indifferent matter; deeming it unprofitable for the moment, in fine, to consider whether it be a scientific work to heap up a medley of the good and bad and to dignify the result with the severe name of “pathogeneses,” I have included in my work all the pathogeneses which have been prepared before me, and have given them such as they are.

I have taken *all*, because to repudiate one or another as unsuitable, without the verdict of experience—no one would have the right to do this, not even he who stands highest in the esteem of all. And, as regards presenting them as *they are*—I have, on the one hand, been constrained to do so by the impossibility of altering them; and on the other, have been comforted in doing it, either by the now historic fact of their practical utility, or by the desire of preserving and submitting them to the test, as yet incomplete or null, of clinical experiment.

This desire, also, has induced me to devote a great deal of space, as I have done for the polychrests, to the exposition of the pathogeneses, which, for some reason, are less known; and the more so that the lack of these, more than of the others, is generally felt and lamented in Italy.

Study, which should be unceasing and unwearied, will make more and more manifest, the fact that, even passing by the questions that have been already referred to, and others of a like nature, the existing pathogeneses are not all distinguished by that precision, that perspicuity, that fineness of language which ought to be one of the most prominent traits of a pathogenesis. Beginning with the older pathogeneses to which criticism has already inexorably applied the sickle, and coming down to the new and the newest which more or less skilful manufacturers, of ancient or of recent date, present us in extravagant numbers, at each revolution of the moon, we see not infrequently that they have taken no very laudable pains to employ a more than vulgar phrase when a scientific expression was needed, and *vice versa*. It will not, therefore excite surprise if I shall be compelled to write (to cite one instance among a thousand) “REDNESS OF THE WHITE OF THE EYE” without being able to determine whether the drug produced the redness in the conjunctiva or in the sclera, etc., etc.; or if I shall have designated as the seat of a symptom, a phrenological protuberance of Gall’s system. Let us be thankful if I shall not have to define any by Lavater’s signs!

I felt the greatest repugnance to treating of substances that are absolutely at variance with the Homœopathic *Materia Medica*; but, on this point, I have been overcome, in mind, by the fear that certain names, trumpeted loudly in *homœopathic* books and journals might lead the less experienced to believe that, *behind the names* there really exist *pathogeneses*. I have, therefore, included a brief mention of a score, among the 560 or more substances of which I treat, expressing, on several occasions, the wish, that there should be, forever, a cessation of this fashion of obscuring, with a host of

suppositions of the common multitude, the *principles* of which our school is justly proud.*

The accessory parts which preceed each pathogenesis seemed to me indispensable to the novice; the synonymes to avoid the confusion incident to every form of catalogue; the primitive preparations, etc. that he may avoid calling on the pharmacist for impossible preparations; the analogous remedies to aid him in comparative studies; and the *principle pathogenetic sources* to facilitate the *complete analytical and synthetical study to which all the thoughts of the physician should constantly be turned.* * * *

The least necessary part of all and that which I should like to call *useless*, is that which comes at the end of each pathogenesis—I mean the clinical indications. These conceptions more than any other are repugnant to the idea of the Compendium. Nobody can restrict and limit them to narrow bounds, without offence to the Science and detriment to the Art—let whoever will, think otherwise. I have given a hint of such indications at the *end* of each section, that the reader may comprehend that his study of each pathogenesis should END but may NEVER BEGIN with them; and that he ought to arrive at this last moment of his study, with a synthesis of his own. * * *

It only remains to show how Dr. Dada has realized his ideas and intentions, by giving a translation of one or more pathogeneses from his Compendium; and for this I shall crave space in the next number of the Hahnemannian Monthly.

CARROLL DUNHAM.

C. HERING'S MATERIA MEDICA; WITH A PATHOLOGICAL INDEX. Volume I. *New York and Philadelphia*: Boericke & Tafel. *London and Manchester*: Turner & Co., 1873.

This handsome volume represents the *Materia Medica* of Dr. Hering as published in the first four volumes of the *American Journal of Homœopathic Materia Medica* and volumes seven and eight of the *Hahnemannian Monthly*, corrected and the medicines arranged in alphabetical order. It comprises the following remedies: Alum; Carburetum sulphuris; Coca; Cuprum; Eupatorium perfoliatum; Eupatorium purpureum; Formica; Mercurius iodatus ruber; Natrum sulphuricum; Nux moschata; Osmium; Phytolacca; Sarsaparilla; Spongia; Stramonium and Theridion curassavicum.—16 in all.

Thirty-five years ago, was published the first American volume of homœopathic *Materia Medica*.† The Introduction, signed CONSTANTINE HERING, bears date two years earlier. This was a translation "with additions;" but *Lachesis*, destined to contribute so greatly to the renown of Dr. Hering, was not then quite ready, and although named as "101 *Lachesis*," was only announced for future publication. In the spring of 1852 appeared the first number the *Amerikanische Arzneiprüfungen*, which was issued regularly in numbers until February, 1853, and was completed in 1856. This volume contained provings of Glonoine; Millefolium; Apium virus; Cepa; Hippomanes; Oxalic acid (translated); Jatropha; Xiphosuria; Rumex

* The author's meaning will be clearly understood by reference to his remarks upon *Alnus rubra* and *Ammonium aceticum*, etc., etc. C. D.

† We give the Title in full, as a relic of the past:

"G. H. G. JAHN'S MANUAL OF HOMŒOPATHIC MEDICINE. Translated from the German by Authority of the North American Academy of the Homœopathic Healing Art. With an Introduction and some Additions by C. Hering, Allentown, Pa. At the Academical Book Store. In commission by J. G. Wesselhoeft, Philadelphia, 9 Broad Street, near Arch. New York, 32 Broadway, corner of Pearl Street. Baltimore, corner of Camden and Eutaw Street. 1838."

(translated); Benzoic acid (translated); Kalmia and Aloes—12 in all. These, with the exceptions noted, were either proven by Dr. Hering himself, or, under his immediate supervision, by earnest, capable and reliable provers. This work was published in royal octavo, and comprised 862 pages. And now we have his latest production—we trust it may not be his last by many—prepared in the same manner and with the above mentioned contents.

The mode in which one of the later of the Roman poets describes the thorough search after Truth—objective and subjective Truth—may well apply to Dr. Hering's method in investigating the *Materia Medica*.—where external impressions and internal feelings are alike carefully treasured:—

Quisquis profunda mente vestigat verum,
Cupitque nullis ille deviis falli,
In se revolvat intimi lucem visus,
Longesque in orbem cogat inflecteus motus,
Animunque doceat quicquid extra mollitur,
Suis reclusum possidere thesauris.

What Celsus says of Hippocrates, as compared with his predecessors—*Primus quidem ex omnibus memoria dignis, ab studio sapientiae disciplinam hanc separavit, vir et arte et facundia insignis*—we may say of HAHNEMANN. But as the glory of the sun does not detract from that of the moon, so the supreme renown of the father of Homeopathy by no means diminishes the credit of his noblest disciple. And although Hahnemann wrought an immense work in proving remedies, in enunciating the theory of their action—the law of cure,—and in demonstrating both in actual and successful practice, still more remained to be done,—much of which has been accomplished in the life work of Hering. And when we compare the list of remedies more or less proven of the present day (our good friend and former correspondent, Dr. Berridge, names 1171 medicines as constituting the *Materia Medica* which he indexes*), with the 200 of the Allentown Jahr—corresponding principally to Hahnemann's list,—with the 256 of the "Symptomen Codex," and with the 303 of the far-famed "Cypher Repertory," we are tempted to apply to Hering's time as compared with Hahnemann's, the words which the medical historian employs of Celsus, as contrasted with older medical writers: *Sed, quod mireris in adductis curationum exemplis, pauca videas medicamentum*. Not, indeed, that we would attribute to Dr. Hering any very large number of the "New Remedies;" but we claim for him the collection (proving), arrangement and publication of the principal portion of those the thoroughness of preparation of which shows that they have been studied in strict compliance with the injunctions of Hahnemann. In confirmation, we need but to refer to the *Amerikanische Arzneiprüfungen*, and to the volume now before us.

Other writers have poured forth remedies innumerable, in successive editions, each edition carrying with it the necessity for another. Of Hering's volumes it may be said almost that they are final. In completeness of proving, in extent and profundity of research, and in that faithfulness which accepts nothing and rejects nothing without ample reason, it may be justly claimed that Hering stands on the same plane with the founder of Homeopathy himself. How

* Complete Repertory to the Homeopathic *Materia Medica*—Diseases of the Eyes. By E. W. Berridge, M.D. Boericke & Tafel.

little has been added to Lachesis since he first laid its pathogenesis before the profession, save to confirm the truthfulness and reliability of each and every one of its multitudinous symptoms? Who would part with the provings of Cuprum, Nux moschata, Phytolacca, Sarsaparilla and Stramonium in the present volume—almost new creations as they are when compared with their symptomology as given in the *Symptomen Codex*? And when we remember that Materia Medica work has been but a small part of the labors of our author, we wonder that he has published so much rather than so little on this one theme; for our homœopathic periodical literature, as well German as English, for the past twenty-five or thirty years, everywhere bears witness to the immense variety of subjects which he has discussed with equal learning and practical ability.

Notwithstanding all that Dr. Hering has accomplished, both in actual publication of important Materia Medica works, and in collecting a very much greater mass of material—provings, confirmations and verifications for future use,—his greatest glory will no doubt be found in the impetus which his example has imparted to others who have caught his scientific spirit; and who will continue the studies and labors begun under his auspices, or excited by his personal influence, long after he shall himself have passed away. As his *littera scripta manet*, so also his “winged words” given in the lecture room, in consultations, and in the privacy of his study, will long remain engraven upon the hearts of those who have had or still have the pleasure of listening to his voice. Long may Dr. Hering live, to set an example of industry, learning and scientific research, to assist his brother practitioners with his counsel, and to aid in the education of successive generations of medical students. Nor should it be a matter of regret to him that he has accumulated a mass of Materia Medica—of which the volume before us is but a sample—too extensive for any publisher of the present day. Born with the advent of the century, he may well hope to enjoy his green old age until its close; and when called away, he will experience the satisfaction of having devoted a life to active labor for humanity in his own time, and of bequeathing a rich legacy of *Ms. Materia Medica*, which shall still further benefit mankind in generations yet to come; a vast treasure of material which shall be found useful and valuable while the world stands: For, as the sculptured features of the various races carried captive by the Egyptians may be recognized in the streets of Cairo at the present day, so nothing that pertains to the physical or psychical nature of man undergoes material change. We may heartily *regret*, when looking at the treasures of this published volume, and sigh when we think of *what might have been*; but, though we may not reap what Hering has sown, though we may not garner what Hering has winnowed, others will do so, and will bless the memory of the brave old worker.

This work is handsomely issued by the publishers, Messrs. Boericke & Tafel, and is on sale at any of their establishments.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS AND THE DISORDERS PECULIAR TO WOMEN AND YOUNG CHILDREN. By Henry N. Guernsey, M.D., late Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania, etc. *Second Edition, Revised, Enlarged and Greatly Improved.* New York and Philadelphia: Boericke & Tafel; London and Manchester: Henry Turner & Co. 1873. Pp. 986.

The appearance of this volume calls for more than a passing notice.

As stated in the title page the work has been "revised, enlarged and greatly improved;" the 750 pages of the former edition being extended to 986 in the present; some sections having been entirely rewritten and much new and valuable matter added. A more convenient and methodical arrangement of the subjects treated has also been adopted; those which belong to Obstetrics proper being contained in the first fifteen chapters, concluding at page 284; those relative to "Disorders Peculiar to Women" being disposed of in chapters XVI. to XXXIV. inclusive, 466 pages; while the remaining 200 pages are devoted to "Diseases of Infants and Young Children." But no general description of this large and important work can give an adequate idea of its value. The Index, consisting of ten pages, closely printed in double columns, indeed affords a ready reference to the contents of the volume, and removes one fault found by many with the first edition, where the index was far from being sufficiently full and complete.

But we may perhaps best serve the interests of our readers as well as those of the publishers—whose enterprise and liberality deserve every acknowledgement from the profession,—by giving the particular titles of the successive chapters, with such remarks as each one may suggest.

The first four chapters, presenting the Anatomy of the Pelvis and Female Organs of Generation, are rewritten and much improved, illustrated also with some additional and superior cuts, particularly "Muscles of the Perineum" and "Vertical Section of the Pelvis with the Organs in situ." By the new arrangement, Chapter V., "Ovulation and Menstruation," formerly XIX., brings the physiology of these organs in close proximity to their anatomy.

"*Reproduction*," Chapter VI. Of all the imaginary phantoms which this prolific subject has brought forth, we know of none more at variance with facts, or more open to ridicule. Without the evidence before us, we could scarcely believe that an author of note, occupying a professor's chair in one of our principal medical colleges, would allow his predilections to draw inferences so untenable for the promulgation of a hypothesis so absurd. Well may his friends ridicule and his adversaries mock. We are free to say that the teachings embodied in the first eight pages of this chapter, neither accord with our own views nor with the teachings of modern physiology on this subject. The hypothesis itself is not new,* but the utterly imaginary engraving representing the "*fecundating principle*" entering certain ducts "specially arranged for that purpose" and passing undismayed through the dense muscular walls of the uterus, "out through the ovarian ligament to the ovary," we admit *is* original—Dr. G.'s own conception, and we regret that he was ever delivered of it. While anxious for his speedy convalescence, we are in great agony for the fate of his untimely and deformed offspring. We could have wished that these eight pages, with the elaborate and original, most ridiculously original, illustration had been omitted. The remaining portion of the chapter is devoted to "Gestation" and is quite to the point, and well up to the times.

That the spermatozoa are the essential elements of the seminal fluid, and constitute the true fecundating principle of the sperm, has

*Swedenborg on Generation, London, 1852, pp. 182—191. Dewees' System of Midwifery. Tenth Edition, p. 77.

been well established.* That the ovary is the seat of fecundation is now very generally conceded by late physiologists. The spermatic fluid passes into the cavity of the uterus during or soon after fruitful union of the sexes and is conveyed from thence to the ovary, through the Fallopian tube or oviduct; effecting fecundation by the direct contact of a spermatozoon and an ovule.† This has been established by many observations and is therefore no longer a matter of mere conjecture. Lecuwenhoek detected spermatozoa in the uterine cavities of mammiferous animals which had recently had sexual intercourse. Bischoff's observations are still more satisfactory and conclusive. Spermatozoa were found in the uterus, by Prevost and Dumas, twenty-four hours after the act of copulation, and in the Fallopian tubes on the third and fourth days. Barry found several spermatozoa on the ovary of a rabbit, twenty-four hours post coition, some of which were alive and active. According to Houghton's experiments, by the ligation of one Fallopian tube before copulation, impregnation of the ovary of that side was prevented, while fecundation always took place on the side on which the oviduct was left free. But again, occlusion of the cervical canal, and absence of the os uteri are effectual barriers against pregnancy, which could not be the case were "the certain ducts" described real instead of fanciful. But why multiply words. We will, for the present, forego making any comments on the "seminal globule," or its "body, soul and spirit," as well as the "corresponding three-fold organization" of the "female ova;" and conclude this portion of our task by remarking that science is neither the unknowable nor the knowable, but the *known*. Science is knowledge, and may consist either of truth or fact. Investigation and even speculation may be essentially prevenient to but neither constitute science. Science is a result and not a process. And the farther it is removed from conjecture and hypothesis, and the more fully it comes within the grasp of the understanding and the range of comprehension, the more worthy it is of the name, *science*. We have been led to these remarks from the fact that we have here found so little of practical or scientific value and so much which is antagonistic to the very essence of science. If we cannot have settled conclusions, let us at least have *reasonable* propositions and *legitimate* deductions.

"Pregnancy," Chapter VII. is much improved, and illustrated in addition with a fine engraving, after Maygrier, "position of the uterus (and child) at the end of pregnancy." The "Diagnosis of Pregnancy," Chapter VIII., is very complete, and the following Chapter (IX.) "Development of the Ovum," is rendered much more intelligible by a change in the location of the plate and its letter-press description. Chapter X. "Development of the Fœtus," speaks for itself, and requires no special mention.

The next, a short chapter, is occupied with "Multiple," and "Extra Uterine Pregnancy" and "Superfœtation."

"Labor," Chapter XII. is more fully treated. Here as in other

* Dunglison's Human Physiology, Fifth Edition, Vol. II., p. 331. Dalton's Treatise on Human Physiology, Third Edition, p. 560. Mueller's Archive, 1840, p. 98. Kolliker's Human Microscopical Anatomy, 1854, p. 636. Philos. Trans., 1851. Carpenter's Principles of Human Physiology, 1868, p. 751. Loc. cit., p. 763. Mueller's Physiology, 1843, p. 833. Magendie's *Precis Elementaire Physiologie*, 1844, p. 495.

† Dunglison's Human Physiology, Fifth Edition, Vol. II., p. 394. Carpenter's Physiology, 1868, p. 763. Philos. Trans., 1853, pp. 266—288. Wagner's Physiology, p. 49. *Annal des Sci. Nat.* Tom., III., p. 119. Philos. Trans., 1839, part II., p. 315. Philos. Trans., 1797.

directions, we observe additions, which prove that the learned and indefatigable author has spared no pains to bring this work up to the advanced standard of the present day.

Chapter XIII. "The Care of the Woman and Child during and after Labor," is more and more precise in directions for young practitioners. The directions for extracting the placenta, and the account of the "Hour-glass contraction," with cuts illustrative, are brought hither from "Dystocia" in the former edition; so that this important chapter now seems to contain all that is requisite.

Chapter XIV. "Dystocia" presents two themes not considered in the first edition, "Rupture of the Bladder" and "Laceration of the Perineum."

Chapter XV. "Obstetric Operations" exhibits marked improvement. We can specify but a few points:—A more accurate and extended account of the various kinds of forceps,—with cuts of Davis' short, Hodges' long, Wallace's, Elliott's and Prof. T. G. Comstock's—greatly enhances the value of this work for students, while the practitioner will read with interest the account (fully illustrated) of Dr. Casanova's "Tocological Flexible Forceps" and "Flexible Cephalo-Extractor." We notice heretoo some operations, such as Embryulcia, Decapitation and Symphyseotomy,—cuts of Braun's Perforator, Meig's Craniotomy Forceps and Simpson's Cranioclast,—of which there was no mention in the first edition. The author considers the use of *anæsthetics* in these operations as objectionable and tending to increase the danger. From our own experience we are inclined to look on their judicious employment with more favor. But as a whole this most important chapter will now be found full, complete and satisfactory.

As appearing in the first edition, this work is too well known and appreciated by the profession to require particular notice of its contents; our object is to call attention, so far as time and space may permit, to the improvements and additions presented in the second edition.

With Chapter XVI., begins the second grand division of the work, "Disorders incidental to Pregnancy." Here we find some excellent and timely remarks on the "Hygiene of Pregnancy," and here, as well as in the subsequent pages, we observe the introduction of some of the most valuable of the "New Remedies," with their therapeutical indications, the omission of which formed ground of objection to the first edition: such as: Acetic Acid, Metris. f. Allium, c. *Æsculus*, h., *Apoc.* c., *Aralia*, *Aselepias* s., *Baptisia*, *Bufo*, *Caulophyllum*, *Chronic acid*, *Cimicifuga* r., *Collinsonia*, *Cornus* cir., *Cypripedium*, *Erigeron*, *Galium* aper, *Gelseminum*, *Gossypium*, *Helonias*, *Indigo*, *Jacea*, *Kaolin*, *Leptandria*, *Lilium* t., *Niccolum*, *Palladium*, *Sarracenia* purp., *Senecio*, *Trillium* pend, *Ustilago*, *Zizia*. Possibly some few of these may have been referred to in the former edition, and others not here noted introduced for the first time into this; but the list above given will show at a glance, that all the improvements in our *Materia Medica* have been pressed into the service in the preparation of this work. The Clinical Index also adds greatly to the facility with which the work may be consulted. And it should not be forgotten, that the systematic indications given for the employment of the medicines in the body of the work are far more full and satisfactory than in the former edition.

Chapter XVII. concludes the "Disorders incidental to Pregnancy." Chapter XVIII. "Therapeutics of Labor" gives indications for

remedies in Pains of Labor, Rigidity of os uteri, Hour-glass contractions, Fainting, Weakness, etc. Spurious Peritonitis, Puerperal Mania and Arcolar Hyperplasia, we notice as valuable additions. Here as elsewhere reference is made to the recent work of Professor Ludlam.

In the "Diseases of Infants and Young Children," we notice a number of important additions, as in the "Therapeutics of Dentition;" Cholera Infantum; Bronchitis and Atelectasis Pulmonum. In the Therapeutics of Scarlet Fever we find in addition to fuller indications (as in Dentition) for the other remedies, the following of equal importance; Ailanthus, Apis, Argentum nit, Gelseminum, Hyoscyamus, Merc. sol. and protiodide and Muriatic acid. In the remedies for otorrhoea and deafness which form so frequent and troublesome sequelae of this disorder, we miss *Elaps cor.*, which is simply indispensable in this connection. Syphilis Neonatorum, the full Therapeutics of Variola enriched by much recent observation and clinical experience, Inflammation of the Brain, Intermittent Fever, Infantile Remittent Fever and Cerebro-Spinal Meningitis are among the important additions. This last mentioned section (as well as that on Dentition or on Scarlet Fever) is richly worth the price of the book.

So great are the improvements and so valuable are the additions to this second edition, that the possessors of the first edition will find their money well expended in buying this, while for others it must suffice to say in conclusion of this examination of the work, that, as a manual of "Obstetrics," it will in our judgment be found reliable and complete, aiming, as it evidently does, to embody all that is known up to the present date (and likely to prove valuable to the student), concerning the subjects of which it treats; but especially valuable as an authoritative exposition of the application of homœopathic medicines to this art. As a compendium of "Disorders Peculiar to Women," this work is ample in its Pathology; while its therapeutic indications, which in the first edition seemed to depend mainly on the assertion of *one*, has since been confirmed to some extent by the successful experience of *many*. As a treatise on Diseases of Children, this work seems to leave little more to be asked for. The section on Cerebro-Spinal Meningitis, for instance, will be found more full and complete, as well in pathology as in therapeutics, than any other account of this dreaded disease that has appeared in homœopathic literature. Among the very few typographical errors we have noticed in this volume, is one worth correcting in this connection, on page 920, top, for *Cicuta v. 2*, read *Cicuta v. 2c.**—Violent screaming appears to be a characteristic indication for this remedy in affections of this kind; high potencies seem to act the best. Dr. J. H. P. Frost reports that he has repeatedly relieved such screaming in a few minutes, by giving *Cicuta v. 2d*, in solution. The Glossary and Clinical Index will greatly facilitate the use of this work, and at the same time render the work itself much more useful; it will be often referred to by the student and busy practitioner. Finally, the good so far outweighs the objectionable—the excellent and needful so far overshadow the faulty and superfluous—that we are enabled to award conscientious and hearty approval of the work as a whole, and it is as a whole that the author sends it forth; and we commend it to the profession as a work of which we may all well be proud. No homœopathic physician's library is complete without it.

J. C. BURGHIER.

* *Hahnemannian Monthly*, Vol. VIII. p. 42.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBT. J. MCCLATCHEY, M. D., SECRETARY.

THE December meeting of the Society was held on the 11th inst., there being an unusually large attendance. In the absence of the President, Dr. Richard Gardiner was called to the chair. The minutes of the meetings held Oct. 9th and Nov. 13th, were read and approved.

DR. A. KORNDORFER read an able paper prepared by DR. C. HERING, entitled "Observations regarding the Solar and Lunar Influence in its relation to our *Materia Medica*."

DR. JACOB JEANES moved, and it was carried unanimously, that the thanks of the Society be given Dr. Hering for his valuable paper. The paper was then discussed, as follows:

DR. J. C. MORGAN said he had been greatly interested in the study of solar influence since 1854. The use of the ligature was known to the ancients, but it was allowed to remain forgotten until the time of Paré, who made it useful to the profession. We may take warning from this, that if we put this subject away from us, this subject of which Dr. Hering has so learnedly and interestingly treated, posterity certainly will show that we have acted unwisely and that it was by no means smart for us to laugh at it. He had made many observations regarding solar influences, especially those during the period of the solstices and equinoxes. He had found that when these correspond with the new moon, there would certainly be a sudden change of weather; but if they correspond with the full moon, there will be little or no change of the weather. Of course these phenomena are subject to modifications; for instance the change of seasons: If fall should be coming on we would naturally expect the weather to become colder, and if spring, warmer. He had also observed that if, according to the above mentioned observations, the conjunction should point to a change to cold weather, and it should not be cold, it will be wet, as a substitute. The weather of the past summer and fall—the cool summer and the mild fall—proves the truth of his deductions. And according to his theory, we may look for very wintry weather after Christmas.

In regard to the diurnal solar influence he had made many researches. His classification of remedies depended to a great extent on these facts, as he regarded them. For instance: *Nux vomica* has aggravation with the advance of the sun; and all persons with centric predominance—a man with plenty of

back bone,—will have his sleepless hours after three o'clock in the morning. You will find such a man a good man of business, though he may be a plodder. The Aconite man will have his sleepless hours between midnight and three o'clock in the morning. On the other hand, if a person has the eccentric predominance of nutrition, he will have his aggravations and his sleeplessness before midnight and will sleep soundly in the morning. These are the Pulsatilla and Mercurius patients. As a type-fact these things will be found to be true; and he regarded them as of so much importance that he could not make a prescription without taking them into consideration. He does not use them as a substitute for other hints to prescribing; but often when in doubt between two remedies, he is enabled to select the similimum by having a regard to them. He wished to be understood as emphatically endorsing Dr. Hering's paper, and would do anything in his power in aid of eliminating the whole truth regarding the matter.

DR. P. DUDLEY said he was very glad that the Society had honored itself by voting thanks to Dr. Hering for his paper, for it involved an immense amount of labor and research. He was very fond of statistics, as they all knew, and confessed that he had more faith in their teachings than many men had. He hoped the members would all pledge themselves to assist Dr. Hering to make observations bearing on the important subject he had presented to us. If there be nothing in lunar influence—if it be all moonshine, as some would-be-wise men assert,—it is strange that belief in it is so general. Some of our patients will tell us they are always worse, or better, at the change of the moon. There are undoubtedly influences at work which have their effects upon the system, even to the production of death, which we are at present utterly unable to appreciate. Who can appreciate the influence which brings about one of those wide-spread and malignant epidemics, or even those minor diseases which affect the people more or less at certain times and not at others. During last winter, at one period all who took cold had "cold in the head;" a short time afterward, all who were affected had sore throat, and a few weeks later, those who were attacked had "cold on the chest." Now these are facts which we cannot account for, except we ascribe them to solar and perhaps lunar influences. Not long ago, a miller asked the question, through the *Scientific American*, "Why does a mill wheel run faster at

night than during the day-time?" Then came the supplementary inquiry, "Does it?" And from all parts of the country came the answer to the last query, from the practical men who had observed the fact but could not account for it, "Yes it does!" One man finally gave a scientific explanation—which he believed was correct—to the effect that the water was heavier at night than in the day-time, because to the attraction of the earth was superadded the attraction of the sun, while during the day the attraction of the sun was in an opposite direction to that of the earth. Now, if solar influence exerted such an effect as to produce so noticeable a phenomenon, we may easily argue corresponding effects, and even greater, upon the human organism as a whole and in its various parts. He had often wished that the reports of Boards of Health were made up in a way to be useful to the profession and not as a mere record of figures.

DR. A. KORNDORFER called attention to a paper by Dr. C. G. Raue, in the first volume of the *Hahnemannian Monthly*, in which the writer stated, as a general rule, that births came with the incoming tide and deaths with the outgoing tide. Since he, Dr. K., had read that paper, he had made many observations, and nearly every one, as regards both births and deaths, had confirmed Dr. Raue's statement.

DR. RICHARD GARDINER said the observations he had made since the publication of Dr. Raue's paper had likewise confirmed the truth of his statement.

DR. J. C. MORGAN said that whenever he was detained by a case of labor, he always asked to see an almanac, that he might ascertain the phases of the moon, or in other words, the changes of the tide. There are so many modifying circumstances that may attend parturition as to make observations necessarily limited. He had come to the conclusion, however, that where there is nothing to interfere with the ordinary course of labor, the birth will occur at the time of the high tide.

DR. KORNDORFER said that the ordinary almanacs were gotten up so carelessly as a general thing that their statements regarding the tides were not always reliable.

DR. MORGAN said he did not consult the statements regarding the tides, but rather the moon coming to the meridian.

DR. BUSHROD W. JAMES. We seem to have overlooked the effect of the rising tide upon the atmosphere. When the tide is fully up, the atmosphere is displaced to the extent of

five or six feet or more, and becomes in consequence of greater density; whereas, when the tide goes down, there is a corresponding expansion or lessened degree of density. Dr. Dudley referred to the greater *weight* of water at night. He, Dr. James, remembered that there used to be a plant on exhibition at the Franklin Institute, which was contained in a vessel filled with water, and which floated in the daytime but sank to the bottom of the vessel at night. The action of the sun's rays during the day time decomposed the water to the extent of setting free gases sufficient to float the plant. The sun may, and no doubt does have a great effect on the fluids of the body. The paper of Dr. Hering opens up a vast subject, in which we have very much to learn.

DR. KORNDORFER. Dr. Hering has remarked in his paper that observations are not so readily made at the sea side. He does not state reasons, but they may be because of the greater or less density of the atmosphere in consequence of the rise and fall of the tide.

Dr. James, Scribe, then made his monthly report, viz.:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

Simple Method of Skin Grafting. "A recent number of the *British Medical Journal* contains an account of M. J. Bell's method of skin grafting, practiced at the Royal Infirmary, in Edinburgh.

In procuring portions of skin for grafting, Mr. Bell takes them from some sound portion of the patient's body, preferably from the arm. A piece of skin is pinched up by a pair of common catch-forceps, and cut off to the required size with a pair of scissors. This piece is divided into smaller pieces about the size of a grain of rice, and is planted among the granulations of the ulcer by means of a probe, one small piece being sufficient for about a square inch of surface. Over each of the grafts is laid a piece of gutta percha tissue half a square inch in size, previously dipped in some antiseptic solution.

The ulcer is then covered by two layers of similar pieces of gutta percha tissue placed on each other in an imbricated manner, and over these a dressing of antiseptic gauze and a bandage. This dressing is not removed for two or three days, when it is replaced as at first. To insure success, before grafting the ulcer should be freed from fœtor and the dressing changed under spray. The advantages of this method of grafting are

alleged to be that no special apparatus is required; that it is extremely simple, and by the movement of the pieces of gutta percha on each other, the grafts are protected from all sources of disturbance." (*Boston Journal of Chemistry*, Dec., 1873.)

Picric Acid as a Test for Albumen. M. Galippe recommends, as an extremely sensitive and thoroughly reliable test for albumen, a saturated solution of Picric Acid. In normal urine this solution never causes precipitation, while the most minute traces of albumen are readily detected by it. A drachm or two of the Picric Acid solution is put into a test-tube, and a few drops of the fluid to be tested are allowed to fall into the solution. If albumen is present, it traces a characteristic white line through the testing solution. (*Boston Journal of Chemistry*, December, 1873.)

New Orleans Yellow Fever Mortality. From July 6th to November 2nd, 1873, the total mortality of N. O. was 2608, of which 200 were yellow fever deaths. The whole number of cases that occurred being 368. A recent report by Dr. J. Jones of that city, says:

The first case of yellow fever, officially reported, was tracked to the bark Valparaiso, which arrived at quarantine from Havana, June 12th, and, after remaining the usual period, during which time Carbolic Acid was poured into the pumps and freely scattered below in the fore-castle, and the vessel twice fumigated with chlorine, she was permitted to proceed up the Mississippi river to New Orleans. As the ship was in ballast it is said to have been easy to scatter the Carbolic Acid freely and thoroughly. Ventilation in the body of the ship is said to have been promoted by the measures instituted.

On the 4th of July, the mate of the Valparaiso (at that time lying at the head of Third Street) was taken sick with the yellow fever, and was conveyed to the house of a friend on Moreau Street, near Spain, in the third district, where he died on the 8th, having had black vomit prior to death.

The Valparaiso arrived in this port the 26th of June; the mate of the vessel, who was a native of Spain, aged 18, and unacclimated, was therefore seized with yellow fever on the ninth day after arriving in New Orleans, and on the twentieth day after leaving the port of Havana.

The relative mortality, as reported by the Board of Health, is certainly very great; viz.: 200 deaths in 368 cases; 54.5 per cent., or one death in 1.84 cases.

It is probable that the actual number of cases has been

much larger; it is also probable that a number of deaths, referred to the various forms of malarial fever, were in reality caused by yellow fever. If the total number of cases of yellow fever have not been fully and accurately reported to the Board of Health, the failure may be referred to two cases:

1st. To the great prevalence of dengue, and the failure in many cases to distinguish the milder cases of yellow fever from this disease.

2nd. To the decided opposition of many to the measures of disinfection practiced by the Board of Health. The opinion is held by many that the Carbolic Acid abundantly used as a "*disinfectant*" not only has no effect in arresting or eradicating the disease, but also acts injuriously upon the sick in those localities where it is fully employed. I do not propose to discuss the question of the arrest or prevention of yellow fever by sanitary measures upon this occasion.

The fact that yellow fever has prevailed to so limited an extent during the past season has been explained upon the ground that the wide-spread epidemic of dengue preoccupied the field, and that, in the almost total absence of emigration, there is comparatively but little material for the dissemination of the yellow fever in New Orleans."

Quarantine regulations are fast becoming useless in this age of rapid travelling, especially from port to port near each other. While from internal infected cities, no safeguard of this kind seems of any avail, for in our country alone contagious and epidemic diseases or others that have a period of incubation are most easily transmitted, and with the great amount of travel constantly taking place it is astonishing that epidemic diseases are not carried over the country more rapidly than they are. For instance, a man may contract the small-pox in San Francisco and yet not be taken with the disease until he arrives in any Atlantic sea board city he might choose to visit, and so might the yellow fever be carried North, but the experience of the past summer shows that it did not extend very far North, although it commenced in New Orleans in the early part of July. The process of diluting, or rather saturating the purer atmosphere of other cities distant from the infected city or cities up to the point of epidemic susceptibility of the inhabitants seems slow at times and rapid at others: but if quarantine is good from the port side of a city, why not establish rail-road quarantine for the internal travel when epidemics are approaching?

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VERIFICATION OF DRUG SYMPTOMS.

Dr. Hughes on Hahnemann's Pathogenesis of Belladonna.

BY J. P. DAKE, M.D.

THE careful reader of homœopathic literature, especially if seeking a correct knowledge of materia medica, has followed Dr. Hughes through the last volume of the *British Journal* with no small degree of interest.

Aiming to prepare an arrangement of *Belladonna* for the Hahnemann Materia Medica, appearing from the press of the Hahnemann Publishing Society, he has made an analysis of the symptoms of that drug, as furnished by the master in the *Materia Medica Pura*, and published the same in the last four numbers of the *British Journal*.

Dr. Hughes, like Drysdale, Dudgeon and other distinguished practitioners of homœopathy in Great Britain, who disdain to take the healing art just as it came to them half a century ago and to hand it down to others without some revision and readaptation to the discoveries and demands of the age, following the references given by Hahnemann, in the earliest editions of the *Reine Arzneimittellehre*, has carefully traced up and examined the sources, as far as possible, of the pathogenesis of Belladonna, one of the most important remedies in use.

Of the whole number of symptoms appearing he found 380 put down as observed on or by Hahnemann himself and 1042 as the "observations of others."

These latter, in the first and second editions, were placed and numbered by themselves, but since then all have been put together without distinction.

Concerning the entire collection Hahnemann wrote in his preface—"Among the symptoms which have been furnished to me by other physicians, and which will be mentioned together with my own, there are some which have been observed upon sick persons; however, inasmuch as these persons were chronic patients, and their morbid symptoms had been well ascertained, care has been taken, at any rate by *Greding*, to distinguish these standing symptoms from those produced by the medicine. Symptoms observed upon such patients are, therefore, not without some value, and may at any rate, serve to confirm analogous or identical symptoms when obtained from healthy persons.

"In those experiments which have been made by myself and my disciples every care has been taken to secure the true and full action of the medicines. Our trials have been made upon persons enjoying perfect health and living in contentment and comparative ease. When an extraordinary circumstance of any kind—fright, chagrin, fear, external injuries, the excessive enjoyment of any one pleasure, or some event of great importance—supervened during the trial, then no symptom has been recorded after such an event, in order to prevent spurious symptoms being noted as genuine. When that circumstance was of less importance, and could hardly be supposed to interfere with the action of the medicine, then the symptoms have been placed in brackets, for the purpose of informing the reader that they could not be considered decisively genuine."

In the absence of the original records of the different provers, Dr. Hughes could gain nothing by searching for the evidences of credibility and value attaching to the symptoms furnished by each, and so he passes them by with the remark—"We have to trust Hahnemann and his fellow-provers for the symptoms recorded under their names, and from

what is said above we ought to be able to do so with confidence."

He then turns to the 475 symptoms, gathered from various writers, the works of sixty-one of whom are cited by Hahnemann.

After hunting for those works in different libraries and examining carefully such as he was able to find, he reports as follows:—

1. Symptoms, the authors reporting which he could not find 64
2. Symptoms deserving entire omission 78
3. Symptoms requiring substantial correction 33
4. Symptoms of doubtful character 37
5. Symptoms verified and unchanged 273

Any careful reader of the clinical and toxicological reports published by Dr. Hughes, from which the 475 symptoms of Belladonna were taken, must feel convinced that the results above given exhibit more of credulity than skepticism on his part.

In his place I would have put down nine-tenths of all the 475 symptoms as worthy of *entire omission*.

Greding, mentioned by Hahnemann as one of the most careful observers and reporters of drug effects, furnishes 140 of the symptoms, 46 of which, Dr. Hughes says, should be expunged from the *materia medica*.

Hahnemann took 22 symptoms from *Greding's* report of the effects of Belladonna administered for the cure of an epileptic who had been previously greatly relieved of a dry itch by Extract of Stramonium, concerning whom *Greding* wrote:—"While scarcely recovering from confinement, on the night of December 4th, she was seized with two severe fits, lasting some hours. From this time to May 15th she took by degrees eleven drachms of *Belladonna*."

From the narrative of her sufferings during that period of five months, from the influence of the "dry itch," epilepsy, stramonium, belladonna, "mild emetics" and "rheubarb with

sulphate of magnesia," Hahnemann took 22 symptoms as the effects of *Belladonna*!

As affecting the reliability of drug symptoms in general, taken from Greiding, it may be mentioned that Dr. Roth rejects all the symptoms of *Aconite* taken from his reports; and Dr. Dudgeon rejects six-sevenths of them all.

Hahnemann took 25 symptoms from *Sauter*; eighteen of them from a report, in *Hufeland's Journal*, of a case entitled —“*Cure of Hydrophobia when fully broken out by Belladonna*”! The eighteen are therefore very properly condemned and should certainly be expunged.

In summing up the results of his search Dr. Hughes says: —“One conclusion from these results seems indubitable, viz., that this investigation must be without delay carried out for all Hahnemann's pathogeneses. If the 1st vol. of the *Reine Arzneimittellehre* be taken as an average, rather more than one-fifth of the total number of symptoms collected by him are cited from authors.

And if *Belladonna* furnish an average example of his work, one-third of these, *i. e.* one-fifteenth of the whole materia medica, need some kind of modification. If it were only for this the original sources ought to be examined. But I think that the light cast thereby on the symptoms which remain is alone worth the labor. It is what the day-books of the provers would be to the symptoms furnished by them.

I wish that every member of the American homœopathic Profession could read the papers of Dr. Hughes, as they have appeared in the *British Journal*, in order to learn more of the real status of our materia medica and the urgent necessity for its purification. It must be reconstructed from the foundation up, even though the process lead to the rejection of half or three-quarters of all the symptoms now recorded as drug effects in our ponderous volumes of pathogeneses, and even though many a repertory and comparative arrangement and manual of practice should be consigned to “the moles and the bats.”

The papers of Dr. Hughes, with amazing clearness and force, demonstrate the absurdity of the claim, that no successful effort can be made to distinguish the spurious from the genuine in our drug symptoms except through *clinical experience*.

Men professing to elevate the science and perfect the art of medicine, who constantly fear to grapple the "tares" lest they "root up also the wheat with them", after such demonstrations can no longer hide their folly under the cover of a parable in no sense applicable to their case.

Nor will it improve their standing as scholars and gentlemen to employ epithets and invectives in place of facts and arguments, against all who propose to "gather up the tares" in the light of *the past and the present*, as well as in that of *a never ending future*.

I cannot close this article without submitting a brief comparative statement of the two plans, now substantially before the profession, for the making and improvement of a *Materia Medica* to satisfy the demands of the law *similia*.

I. OBTAINING OF DRUG SYMPTOMS.

Discriminate.

1. From reliable reports of cases of poisoning, where no diseases were pre-existing and no antidotes employed.

2. From experiments on the lower animals, carefully conducted under the application of proper tests.

3. From the day-books of a good number of provers, of both sexes, in good health, collected together in one place, under the guidance of a competent director, supplied with all the tests or diagnostic means

Indiscriminate.

1. From the reports of all cases of poisoning, with no proper allowance for any pre-existing diseases or antidotal means employed.

2. From experiments on the lower animals, conducted by any one, in any manner, and with any sort of tests.

3. From the reports of one, two, or a dozen provers, scattered everywhere, some healthy and some not so healthy; some engaged in the harrassing and fatiguing labors of medical practice; some having taken

Discriminate.

necessary in the examination of patients; each prover having taken the same kind and size of dose; and all being subject to the same rules and regulations as to manner of living, and as to modes of observing and noting drug effects.

4. From no other sources a single symptom, as a proper drug effect.

Indiscriminate.

doses of the mother tincture, some the 3d, some the 6th, some the 30th and some the 200th potency; some observing their symptoms closely and noting them carefully and some doing the same carelessly; some following one mode of life and some another; some locating and describing their sensations after one plan and some another.

4. From the sick, as symptoms removed by the drug administered; again from the sick, as symptoms aggravated by the drug; and still again from the sick, as symptoms not properly belonging to the disease, but supposed to be the effects of the drug administered.

II. VERIFYING OF DRUG SYMPTOMS.

Discriminate.

1. By a critical examination of the sources of all symptoms, to determine their character as to genuineness, excluding all the spurious from the *materia medica*.

2. By a critical examination and comparison of the day-books of all the provers, to learn by how many of them the same symptoms were experienced, and so to determine (the comparative value of the

Indiscriminate.

1. By an acceptance of all symptoms as furnished in good faith, not daring to "gather up the tares" lest we "root up also the wheat with them", and so letting the genuine and the spurious together go into the *materia medica*.

2. By taking all the symptoms at par, whether reported by one prover only, or a dozen provers, allowing none but *clinical brokers* to determine their real value and to attach a premium to some and to

Discriminate.

various symptoms) which must be regarded as characteristic and which as common, which as constant and which as casual.

3. By such a careful practical trial of each drug, pointed out by a similarity of symptoms, as will leave no doubt as to "cause and effect" in each case; obtaining thus some evidence in favor or against the original pathogenesis.

4. By the gathered clinical experiences of physicians who follow the homœopathic law closely in the selection of remedies, recording their cases carefully and at the moment, and, in all things, being not over confident in their own powers of discernment, nor over credulous as to the statements of others; nor yet itching to figure as great clinical discoverers and authors of such key-notes and characteristics as are born of clinical experience.

Indiscriminate.

lower others by a proper discount, from time to time.

3. By an impartial reliance upon all the symptoms of a drug found in the *materia medica*, and pointed out by repertories and comparative arrangements, each symptom being marked as *verified* as soon as its morbid likeness in a patient is reported by any one as having been removed by the drug in question.

4. By the gathered clinical experiences reported in the journals from month to month by practitioners of all grades of intelligence and reliability; by practitioners using crude doses or the 3d, 30th or exclusively the 200th potency of drugs; by practitioners who "are, as it were, only beginning to pluck the ears of corn, rubbing them in their hands" and looking forward hopefully to the "harvest" that "is coming."

III. COLLATING OF DRUG SYMPTOMS.

Discriminate.

1. In an arrangement based upon the several tissues of the body and their physiological functions, showing the general pathogenetic range of each drug.

Indiscriminate.

1. In an arrangement based chiefly upon the supposed results of clinical experience, showing the general range of each drug.

Discriminate.

2. In an arrangement based upon the number of provers, —the symptoms occurring in the greatest number being marked as characteristic, and those occurring in but one prover being set aside as casual or common—and all having proper exponents of value attached, showing in the records of how many provers each one had appeared.

3. In a complete display, giving the day-books of all the provers, as submitted to the director of provings from day to day, with his marginal notes thereupon, the whole preceded by a proper description of the respective drugs and followed by their medical and toxicological history as gathered from reliable sources.

Indiscriminate.

2. In an arrangement based partly upon the regions and tissues of the body, partly upon their functions and partly upon pathological distinctions, with no marks to show whether a symptom had appeared in the reports of one prover or a dozen provers, or simply in some clinical or toxicological report, found in a recent journal, or in a musty volume of an age long past.

3. In an arrangement, with the names of the several drugs, their clinical uses and then their symptoms, as gathered from all quarters, variously grouped and described, with little if any indication of source or value, except in occasional accompanying clinical notes or subjoined pathological observations.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D.

MORNING SESSION.

THE Vice President, Dr. Schenck, called the meeting to order. Present: Drs. Schenck, Clary, Hawley, Seward, J. G. Bigelow, F. Bigelow, Greeley, Southwick, Munger, Spooner Gwynn, Marks, Parsell, Sumner, Wells, Brewster, Jones, Rhodes, Palmer, Vanderburgh, C. Baker, Bass, Brown, Daggett, Warren, Young, McManus, Swift, Bronson, Murphy and Miller.

The minutes of the last meeting were read and approved. Committee on Credentials: Drs. Clary, Parsell and Jones. Dr. Bronson was duly elected a member.

DR. SCHENCK briefly addressed the society. He often thought he accomplished good cures, and yet he experienced a feeling of diffidence. He once remarked to Dr. Jones, an uncompromising allopath, that he used more medicine than other homœopathic doctors. Thereupon Dr. Jones commended him for his superior *discretion*. "But," said Dr. Schenck, "if I had possessed more therapeutic knowledge, I should have used less medicine." Dr. Jones replied "I will have no further conversation with you."

Cases Cured by Arsenicum Iodatum.

DR. F. BIGELOW reported a case of diphtheritic croup, cured by *Ars. jod.*¹ as follows:—

Croupous Diphtheria,—Ars. jod.

A girl about five years of age, having a very scrofulous diathesis, very weak and sickly from birth, and most of the time afflicted with asthma, was severely attacked with diphtheria. The croupy symptoms were quite prominent. Hoarse cough. The diphtheritic deposit extended over the whole surface from the fauces to the outer edge of the lips.

The external auditory canal was also thickly covered with the same thick and tough exudation. The respiration was very short and difficult; pulse decidedly weak and slow, with great prostration and an almost intolerable odor from the patient; indeed the stench was very strong throughout the house unless the windows were freely opened.

Under the use of *Ars. jod.*, first trituration, she recovered rapidly, and was in better health after the attack than before.

DR. MILLER reported a case of pulmonary consumption in a young man, of three years standing, with terrible hoarse, racking cough day and night and profuse purulent expectoration; hectic fever; rapid pulse; night sweats; gradual emaciation; dullness of whole chest on percussion; rattling respiration; great soreness in larynx. Patient had tried almost everything with but little relief. Dr. M. had often prescribed ineffectually in this case, and he finally concluded to try this remedy empirically. The relief far surpassed his expectations. Cough soon became loose; fever and night-sweats diminished,

and a general improvement had continued for about a month. Then pleuritic pains required Bryon.

In another case of phthisis, the same remedy failed.

DR. WELLS reported a case of induration of the right breast, involving the axilla, with severe stinging pain in the arm, worse from motion, completely cured by *Ars. jod.*⁶.

Also a case of uterine cancer with terrible sanious discharge, cured by *Ars. jod.*⁶.

DR. YOUNG reported a case of scrofula, patient, a girl of five years, cervical glands greatly enlarged, cured by *Ars. jod.*³.

DR. HAWLEY was not satisfied with the empirical use of drugs. He did not know whether they would do good or harm. He seldom used unproved remedies. Preferred to use remedies of which we had provings, or to depend on the *vis medicatrix naturæ*. The great majority of acute diseases would terminate better without than with drugging. If we knew more of the natural termination of disease, we might know more about the effects of drugs. He referred to the expectant theory in pneumonia, wherein good nursing alone saved all but six per cent. Who could do better than that? He had no objection to others prescribing this or any other drug empirically, but he wanted to prescribe intelligently.

DR. MILLER. It is a matter of some interest to the patient to be cured by some means.

DR. CLARY. The empirical use of drugs led to their ultimate proving by Hahnemann. *Apis* was first used as an infusion by old women. So of other remedies. Cures made by *Ars. jod.* were certainly valuable to the patients concerned and were of some use to the profession. He accepted facts as such, no matter what their source.

DR. WELLS rarely used compound or unproved medicines. But he could hardly practice without using *Calc. carb.* and *Hepar sulph.* His case of mammary scirrhus corresponded to one that he saw reported in a medical journal, cured by *Ars. jod.*, hence he prescribed it.

DR. SEWARD. This society should prove this and other drugs.

DR. CLARY preferred to use proved remedies, but when these fail, he might resort to the unproved.

Milk Diet.

DR. SCHENCK enquired if any members had used fresh milk in dysentery, typhoid fever, etc.

DR. SUMNER had for years in typhoid fever used milk and water, warm or cold to suit the patient.

DR. JONES attributed a cure of a bad case of scarlet fever to the use of cold milk. A good recovery was made.

DRS. JONES and SUMNER reported the following cases of mammary abscess not connected with pregnancy.

Mammary Abscess.

DR. SUMNER reported a case of abscess in left breast of a lady. Pulse 130 to 140. Night-sweats. Cheeks flushed. Bloody expectoration. Case continued four weeks. Then thick purulent expectoration. Lanced into pleural sac and evacuated large quantities of pus. Gave Hepar. Discharge now nine weeks. Patient improving. When coughing, pus discharges from opening more freely.

DR. JONES. A soldier from the army came home with abscess in left breast. Lanced into pleural sac and discharged large quantities of pus. Could introduce male catheter the whole length into the opening. Ultimate recovery.

DR. JONES also reported the following case of

Gunshot Wound.

Arthur Kimberlain, a young man æt. 20, carelessly put his hand over the muzzle of his gun whilst getting over a fence. The gun went off and blew a hole through his hand, carrying away a portion of the phalanges of the little and ring fingers. The gun was loaded with shot, and I think the load, wad and all, must have gone entirely through his hand. I washed out the wound as well as I could with water and carbolic acid, carefully removing all the loose portions of bone I could find; and as the swelling very soon became very great, I applied a charcoal poultice. It is doing well under the treatment, and I think he will have a good hand. He has six fingers on each hand and six toes on each foot. As soon as the hand is well enough I shall remove the superfluous fingers.

Mastoid Periostitis.

DR. U. H. BROWN presented a paper on Mastoid Periostitis, detailing the symptoms and treatment at some length, urging upon the members present the necessity of an early recognition of the disease, citing a case in point when the case had gone on undiagnosed and improperly treated till partial paralysis of the affected side of the forehead had resulted. He

said that we should watch anxiously all cases of acute or chronic catarrh of the middle ear, as any severe inflammatory condition of this part was likely to extend itself from contiguity of structure to the periosteum of the mastoid process. The signs of mastoid periostitis, redness and pain behind the ear, pain of an agonizing character, oftentimes shooting over the vertex, and as pointed out by Mr. Hinton, a circumscribed red swelling of the meatus on its posterior wall, somewhat resembling a boil, and which might be mistaken for such did not other symptoms indicate more serious troubles. The danger is great and should be borne in mind and promptly met. As to treatment, most recent writers recommend an early incision, as proposed by Sir Wm. Wilde, through the periosteum down to the bone, before any distinct sense of fluctuation is perceptible. He thought that with such medicines as Acon., Bellad., Gelsem., etc., we might in the beginning cut the disease short, but delay was dangerous, and in the majority of cases the plan of treatment proposed by Sir Wm. Wilde should be followed. Ether will render the operation painless. Care should be taken to avoid the posterior auricular artery. The remedies that seem most likely to be indicated in the later course of the disease are Silicia, Capsicum, Hepar, etc. Dr. T. F. Allen, of New York, first pointed out the virtue of Capsicum in affections of the mastoid process.

Capsicum. Mastoid process sore to touch, swollen and red, scalp bites and stings, bones of head and face sore.

DR. MILLER reported a case of accidental cure of sciatica by Lachesis 41^m, one dose, as follows :

Accidental Cure of Sciatica by Lachesis 41^m.

J. S., 49 years old, blue eyes, light complexion, was cured of chronic pharyngitis by Dr. Fisher, of Elkhart, Ind., who prescribed eight powders of Lachesis, some of the 2^e some of the 2^m and some of the 41^m. The patient took seven of the powders only and was cured.

Oct., 1872, had suffered five days from severe sciatica, with intolerable shooting pains, extending from left hip down to foot, followed by sensation of intense heat as from a hot iron in parts affected, and afterwards by perspiration and general prostration. The pains extorted cries from a man who did not cry for nothing, and they were invariably worse after

sleeping. A physician prescribed arsenicum, which did no good. In a state of desperation, the patient called for the remaining powder of Lachesis 41^m which he took, and the relief was almost like magic. But one paroxysm followed. A speedy and complete cure was the result, except that numbness in the foot continued about a year.

DR. MILLER also presented the following method of treatment for corns :

In warm soap suds soak the corn about an hour. Then with a knife, or even with the finger-nails, remove the softened integument. In twenty-four hours soak again in the same manner, when the entire corn may easily be eradicated and a perfect cure effected.

DR. YOUNG reported the following case of camphor poisoning :

Toxical Effects of Camphor.

Miss J., æt. 27, on November 14th, 1873, was suffering much pain from an attack of Dysmenorrhœa. As was her custom, to relieve her pain, she several times through the day took, *as she said*, a dose of camphor in water, but receiving no benefit therefrom, at each successive dose increased the quantity. At 6 P.M. took two tablespoonfuls of tincture of camphor at a single dose, and in a few moments was free from her aggravating pains. She then went to visit a friend about three blocks distant from her home, but on entering the house was attacked with a dreadful feeling of faintness, shivering and numbness, with no feeling of coldness except in the stomach. She says that the only way she reached her home without fainting was by her determined will that she would not faint, and by continually eating snow and throwing it into her face. On reaching her home she could not be coaxed or driven into the house, giving as the reason that she knew she would faint and have fits and that she should wait there until the doctor came. At this time I arrived and found the patient very much excited, screaming loudly, "I shall not faint! I shan't faint! for if I do I will have fits and never come out of them!"

I conveyed the patient into a warm room and placed her by a hot fire, found her courses had ceased entirely, her pulse

imperceptible at the wrist, her heart beating very slowly and intermitting, her face and hands deathly pale, her extremities all numb, and she continually complaining of freezing. I gave her copious draughts of warm coffee and laudanum and applied friction to the extremities. In fifteen minutes the pulse had reappeared, reaching forty beats per minute, in thirty minutes sixty, and in one hour one hundred per minute. The patient complained of no pain except numbness and internal coldness. The tongue felt swollen and numb. She has great difficulty of speech and thought. At this time I had prepared a tub of warm water as hot as the patient could bear, in which she was placed, remaining some twenty minutes, being warmly covered with blankets. She was then quickly wiped dry and placed in a warm bed, given *Pulsatilla* every half hour, with an occasional dose of *Aconite*. Her courses quickly reappeared and continued uninterrupted their accustomed length of time.

Nov. 15th. Patient says she feels as well as usual, with the exception of occasional sensation as though she were going to faint. On the 16th, 17th, 18th and 19th, attended to her usual duties, viz., teaching school. But on the evening of the 19th, while playing the piano, a lady friend suddenly held a bottle of camphor under her nose for a single instant. Patient says she knows that she only got one sniff of it, but immediately all of her old symptoms returned, viz., fainting, shivering, coldness, numbness, thickening of the tongue, with difficulty of speech and thought. These symptoms were not constant, but coming on several times through the day for several days, gradually passing off and then reappearing without a moment's warning. And now, where she could once swallow camphor almost ad libitum, she cannot now endure the smell of it for a single instant without acute suffering.

A letter was received from Dr. Thompson and read to the society. Also the following clinical case from Dr. T. M. Strong:

*Dystocia.—Gelsem.*³

A lady nearly 40 years of age began her labor at 10 P. M.,

by the discharge of the waters, without any pain, but felt better than she had for a long time, so that she remarked on going to bed, "that she thought she was going to get asleep one night before twelve."

Pains at interval followed the "waters." About noon next day they came every few minutes. At 1 p. m. I saw her. Made examination; found os uteri dilated to size of a silver quarter probably, and still dilatable; head in usual position. Pains came hard and frequent, but, as it seemed to her, without anything gained.

At 3 p. m. again examined. Felt head presenting (woman on left side) and crowding into left ilio-pubic region. What bothered me was that I could not pass my finger around the head or find the os uteri. Had her take position on right side, when the head crowded into that side. The pains were *very hard and expulsive*, driving against the ilio-pubic line or arch.

The woman was becoming exhausted and discouraged. At this time I first discovered the os, within extended reach, high up along the sacrum. The walls of the uterus were thin, and the os (about the same size as when first examined) fully on the stretch. I manipulated for awhile to bring it down or raise the head, but without success. The pains kept on hard and frequent and nothing was gained.

At 3.40 p. m. I dissolved some pellets of Gelsem.³ in half a glass of water, and ordered a teaspoonful every ten minutes. She took three doses, and at 4.20 p. m. the child was crying in my hands.

Which was it, nature or pills? The os came down within reach more and more till the head was delivered. The placenta followed in about fifteen minutes.

She had had no children for fourteen years.

AFTERNOON SESSION.

DR. BENSON called the meeting to order.

THE SECRETARY read the following paper by Dr. Greenleaf:

Rheumatism.

The very elastic term, Rheumatism, is usually applied to those very painful evidences of disease which are found seated in the fibrous tissues, the joints, the aponeuroses, the tendons or their sheaths, the neurilemma, the periosteum or the muscles.

The entire absence of traumatic causes, the disproportion between the severe subjective symptoms and the insignificant anatomical changes, and the tendency to shift its place from joint to joint, are the most important characteristic symptoms of the disease.

Depending upon its location we may find either the articular or the muscular variety. Of the articular we recognize three forms: acute, chronic and deforming.

Acute Articular Rheumatism is an inflammatory disturbance of nutrition of the synovial capsule of a greater or less number of joints, of greater or less severity, attended by more or less pain according to the location and severity of the attack, and accompanied with an exudation of a fluid not very copious, somewhat fibrinous, containing generally a few pus cells. Tumefaction of the joint or joints, varying from the normal color of the skin to the purple of complete engorgement, obtains.

This swelling may be attributed to the inflammatory œdema of the connective tissue about the joint.

This disease rarely ends fatally unless metastasis to the heart or the meninges of the brain takes place.

The administration of *the* homœopathic remedy will almost invariably abbreviate the attack, restore the synovial membrane to its normal condition, assist in the absorption of the exuded liquid, lessen the swelling, relieve the pain and conduct the attack in a few days to its most desirable resolution. In a few cases it may fail to accomplish this, and then, although the violence of the attack will be mitigated, some one joint will continue to be affected and will pass on to chronic articular rheumatism. This is very apt to be the case if the disease be superinduced upon a scrofulous constitution.

Chronic Articular Rheumatism is the term applied to a chronic, idiopathic inflammation of the joints, which may occur in two ways: 1st. It may be consequent upon a series of light attacks of acute articular rheumatism, or, 2nd, upon one severe or badly treated attack of the same malady. It may be that the one or two joints (for it rarely attacks more than two) has been the seat of constant pain and uneasiness for years, subject to aggravations at certain seasons or upon certain atmospheric changes. Sometimes there is swelling of the affected joint, but atrophy generally obtains. The tendency to change of place is not so marked in this variety. The anatomical changes beside that mentioned above are, a thickening of the synovial membrane and cloudiness of the synovial fluid. The strict attendance to wrapping up the affected limb warmly, winter and summer, and the administration of *the* remedy in a high potency and at long intervals, will do much toward regaining the lost vitality and usefulness of a joint affected with this disease,—a thing considered impossible by the other schools of medicine.

Deforming Articular Rheumatism. This distressing and incurable variety of rheumatism is so well marked, and occurs among those so badly nourished and so broken down of constitution, as to render it unnecessary for me to speak of it here, except to say that bad cases of the chronic variety may degenerate into it.

Muscular Rheumatism. Under this name it is customary to class not only rheumatic affections of the muscles, but also those of the fascia, periosteum and other fibrous tissues, except those about the joints. The changes induced in these tissues are unknown.

The most important and usually the *only* symptom of this variety of rheumatism is the pain, generally described as stretching and tearing, and aggravated by motion and pressure. This malady will often surprise the inexperienced by its sudden changes of locality. It is more amenable to remedies than any of the varieties mentioned above.

The treatment of this protean malady requires a very intimate knowledge of our materia medica, a sterling adherence to the principle of similars, and, in the opinion of the writer, the higher potencies and the entire discarding of applications to ensure success. While nearly every remedy of our copious array of drugs may be used for a cure in this difficulty, only a few of the more important ones could be mentioned in this paper, and the many exhaustive repertories on this disease which may be found in the literature of our school, render it unnecessary that another should be perpetrated here. But the comparative neglect of the new remedies render them a legitimate field for the efforts of our leisure hours, and a very profitable harvest may be reaped therein in the treatment of this disease.

Leave is asked to offer a few suggestions regarding their use, together with a somewhat fuller repertory on rheumatism than is found in Hale's characteristics. In the use of these remedies in rheumatism, the higher potencies are recommended when the prescription is a close one; but if the remedy is to be used as a last resort when some obstinate case has resisted all the long-tried remedies, and the image of the drug is either not very clear from the meagre proving, or does not correspond well with the case, then it will be better to use the lower potencies, and in some cases the mother tinctures.

REPERTORY OF "NEW REMEDIES" IN RHEUMATISM.

Acute.—Asclep. syr., Asclep. tub., Cauloph., Cimicif., Verat. vir.

Chronic.—Chimaph., Phytol., Stilling.

Articular.—Apoc. and., Asclep. tub., Hamam., Verat. vir.

Muscular.—Apoc. cannab., Cauloph., Cimicif., Phytol.

Rheumatic Affections of

Head. Cimicif., Gelsem., Sang., Verat. vir.

Neck. Æscul. glab., Æscul. hip., Badiaga, Carb. sul., Formica, Phytol., Polyg., Ptel., Rhus ven.

Shoulders. Anath., Asclep. tub., Badiaga, Hydras., Iteris.
Iris, Rhus ven., Sang.

Chest. Cact., Carb. sul., Myrtus.

Heart. Cact., Lilium, Lithium, Phytol.

Back. Æscul. hip., Ailanthus, Badiaga, Carb. sul., Cimicif.,
Cotyl., Dros., Eupat. perf., Eupat. purp., Iris, Phytol., Sticta,
Verat. vir.

Hips. Badiaga, Carb. acid, Carbol. sul., Dioscor., Phytol.,
Sang.

Legs. Æscul. hip., Anath., Ptelia.

Thighs. Brom. amm., Sang.

Knees. Æscul. hip., Brom. amm., Carb. sul., Comoclad,
Dios., Eupat. perf., Formica, Gnaph., Gymn., Lobel., Mitchel.,
Phytol., Plant., Sang., Sticta, Sumbul.

Ankles. Ailanth., Caul., Erig., Gelsem., Gnaph., Silphium,
Sticta.

Feet. Apoc. and., Brom. ammon., Gelsem., Myrica.

Toes. Cannab. ind., Cauloph., Dios., Lachesis, Lilium,
Phytol.

Arms. Cimicif., Dioscor., Gymnoc., Hyd., Phytol., Urtic.,
Xanthox.

Hands. Anath., Apoc. and., Hamam., Phytol., Sang.

Wrists. Hamam., Iris, Phytol., Rhus ven., Rumex,
Urtica.

Fingers. Cotyl., Dios., Hamam., Iris, Lilium, Plant.,
Ptelia, Rhus ven., Sticta.

(*Sciatica.* Cimicif., Gnaph., Phytol., Sticta.)

Small joints. Apoc. and., Sticta.

Large joints. Asclep. syr., Polyp., Sticta.

Dr. Miller also read the following paper on the same subject, by himself:

Rheumatism (Continued).

Rheumatism has been defined as a painful inflammation, affecting the muscles and joints and especially the larger joints of the human body. As indicated by the shifting tendency of the symptoms, this is a disease of the blood, originating in at

disproportion in its proximate principles. This disproportion consists in an excess of fibrin, of the urates and of uric acid. When in a case of rheumatism the fibrin exists in considerable excess, the result may be inflammatory rheumatism. The term itself is derived from the Greek primitive *ρευμα* which signifies a humor floating in the body, causing disease. Its exciting causes are atmospheric influences, sudden changes in temperature, particularly to coldness and dampness, producing partial suppression of perspiration. But the predisposing cause is a rheumatic diathesis, which is usually hereditary. I have sometimes observed that children of a marked rheumatic diathesis were predisposed to croup as well as to attacks of acute rheumatism. In such subjects, either of these forms of disease may be developed from slight exposure, since these complaints are characterized by a fibrinous crasis. From the same cause, rheumatism may exist as a complication in diphtheria and various other diseases of which the rheumatic diathesis may serve as the predisposing cause. Rheumatism seems to be most prevalent in fickle climates.

In the *chronic form* there is more or less of pain, but usually no heat, redness or swelling. Besides the acute and chronic forms, there are two distinct^a varieties, the fibrous and the synovial. In both these varieties the heart is very liable to be implicated, and the younger the patient having acute rheumatism, the greater is the danger of this deplorable result.

The *synovial variety* affects the joints, producing inflammation in one or more of them at a time, with severe pain and high fever.

Fibrous rheumatism affects any of the fibrous tissues, excepting the joints, and including the muscles, tendons, periosteum, etc. It may be located in any of these tissues. Its pains are tearing, shooting, stitching, screwing, burning and they possess a remarkable tendency to metastasis. The chief proximate principle of all fibrous tissues is fibrin. Hence in fibrous rheumatism the excess of fibrin is often attracted to these tissues.

In all idiopathic fevers and inflammatory diseases, this excess of fibrin and of other proximate principles, is found, not resulting from those morbid conditions, as claimed by many pathologists, but such excess serves as the predisposing cause of disease. And the nature and characteristic symptoms of any complaint may depend upon the abnormal relative proportion of the various proximate principles existing in each case. Different maladies often develop precisely the same characteristic symptoms and they are curable by the same remedy. Nearly all diseases are thus centric in their origin, arising from malnutrition and from a primary derangement of the vital current. When remedies are truly specific to any case, they cure by tending to restore the healthy equilibrium of the blood and at the same time disposing of the waste matters previously accumulated. Such remedies, therefore, seem to manifest a two-fold action, by removing both the cause and the effect of disease.

Rheumatism of the Heart. Fibrous rings surround the various orifices of the heart and fibrous material underlies its lining serous membrane. The valves of the heart particularly are thus abundantly supplied. Hence rheumatism has an elective affinity for these vital organs. Sir Thomas Watson states that the heart becomes affected in a large proportion of the cases of acute articular rheumatism, and when occurring in childhood in nearly all cases of acute fibrous rheumatism.

Hence the propriety during each visit, of carefully examining the heart in all cases of acute rheumatism occurring before puberty. The fibrous tissue of the heart seems to be first attacked, and afterwards from contiguity the muscular structure. The warty exudations found studding the valves in valvular disease, consist of fibrinous material. The valves of the heart are found to be affected far more frequently than the pericardium.

Valvular Disease. In valvular disease, auscultation reveals an unusually strong impulse; irregularity of rhythm, or, instead

of the distinct first and second sounds, there is tumultuous action and a systolic bellows-murmur,—“a deep-seated rush or whiz,” accompanying the systole of the heart. With the fever there is also more or less of delirium and perhaps dry cough. When in rheumatic fever, delirium occurs as a symptom, the heart is implicated instead of the brain.

Pericarditis. Besides fever, pericarditis gives more or less of the following symptoms: dyspnœa; pain in cardiac region; a certain strangeness of deportment; epigastric oppression; delirium, and on auscultation there is heard for a longer or shorter period a to and fro frictional sound.

Differential Diagnosis. As distinguished from rheumatism, *gout* or arthritis affects the small joints chiefly, and in most cases one joint at a time, instead of several. It commences usually in the first joint of the great toe and gradually and successively extends to other joints. It affects persons in *middle life* and especially those who are addicted to *high living* and to the use of *wine* and *beer*. The pains of *gout* are more excruciating than in rheumatism. It produces gravel and tends to the formation in the joints of chalky deposits, consisting of the urates of soda and potash, indicating an excess of these ingredients in the blood.

Neuralgia signifies pain seated in a nerve and shooting along its ramifications. The pain is more or less acute and intense, and it may be attended with numbness, heat or coldness, muscular jerking, etc.

Sciatica is a neuralgic affection of the sciatic nerve. The pain may be located in any portion of the nerve or it may involve the whole of one or of both nerves. Its symptoms are variable, the pain being generally paroxysmal and worse towards evening or in the night. Occasions: atmospheric influences and sometimes the pressure of tight boots, etc.

Therapeutic Indications. Local applications and especially stimulating lotions in rheumatism are liable to produce a metastasis to the heart or lungs. But the remedy specific to the case, taken internally, will remove not only the pain, but the

cause of the pain, which, as in most other diseases, is the unhealthy condition of the blood. The key to success in the treatment of the protean forms of rheumatism, is an acquaintance with the characteristic features of our remedies.

I have known lemon-juice to cure some cases of chronic rheumatism, notwithstanding the old theory that an alkali is indicated by the acidity of the blood. There is, indeed, some difference between palliating symptoms by temporarily neutralizing acidity, which is a product of disease, and permanently removing the cause itself by a curative remedy. Besides this, the alkali does not remedy the excess of urates or of the fibrin, both important elements in the problem.

The following indications are selected from a valuable paper by Dr. P. P. Wells and from other authorities:

1. *Mental States.*

Acon., as distinguished from Bryon., has louder outcries, with weeping, tears and despairing anxiety during the pains: timidity and intolerance of noise,—even musical sounds offend. It has also incessant thirst, while Bryon. has thirst for occasional large draughts of cold water and the patient is more easily excited to anger.

Arnica has irritability of the mind.

Nux vom., of the senses.

Pulsat. has a mild, yielding disposition, with despairing hopelessness.

Pulsat. and Rhus tox. in general disposition are similar. So are also Bellad., Bryon. and Nux vom.

Verat. pains produce delirium.

2. *Time of Aggravation.*

Evening: Pulsat., Bellad., Rhus tox., Colchic., Coloc.

Evening and before midnight: Bryon.

Evening and night: Acon., Arnica, Dulcam. and Pulsat.

Evening and before midnight: Bellad.

After midnight: Thuya, Mercur., Arsen., Sulphur.

Towards 2 or 3 A. M.: Arsen., Thuya.

After midnight and in the morning: Nux vom., Rhus tox.

Mercur., rheumatic pains especially in the limbs and joints, worse at night, with profuse perspiration which gives no relief.

3. *Conditions of Aggravation and Amelioration.*

Improved by warmth: Arsen., Rhus tox., Caustic., Coloc., Lycop., Mercur., Sulphur.

Improved by dry warm external applications: Rhus tox.

Improved by the external application of heat: Arsen.

Improved by the external application of cold: Pulsat., Thuya.

Improved by pressing on the part: Bellad., Pulsat., Rhus tox.

Aggravated by warmth: Bryon., Phosphor., Pulsat., Thuya.

Intolerance of bed-covering: Ledum.

Calc. jod., stiff knees, severe pains, worse in bed, scrofulous diathesis.

Bryon., general aggravation from motion; Rhus tox. and Rhus rad. from rest and on first moving.

4. *Location.*

If the large muscles of the trunk, chest and back are principally affected, above all Nux vom.; also Arnic., Mercur., Rhus tox., Arsen.

Nat. sulph., soreness up and down spine and neck.

Act. spic., small joints involved, aggravation by contact and motion.

Arnic., Ran. bulb., soreness of intercostals.

Arnic., Ran. scel., stitches in intercostals.

Phytol., pain in arms, especially at insertion of deltoid muscles.

Ferrum, deltoid muscles.

Pulsat., all the joints.

Calc. phos., every cold causes rheumatic pains in the joints and various parts of the body.

Cauloph., wrists and finger-joints, with considerable swelling.

Lycop., all the finger-joints.

Phytol., finger-joints swollen, painful, hard and shining.

Mezer. and Stilling, periosteum of long bones.

Bryon., Rhus tox., Ruta, pain as if dislocated in wrist and ankle.

Elaps., rheumatic pain in left leg, commencing on left side.

Laches., commencing on right side.

5. *The Weather, Temperature, etc.*

Cold, dry air usually calls for Acon. or Bryon.

Cold, damp air: Dulcam., Rhus tox., Verat. alb., Colchic.

Dulcam., "from taking cold, the neck stiff, the back painful, the loins lame."

Exposure to chill and rain: *Rhus tox.*

Aggravation during a thunder-storm: *Rhod.*

Exposure to protracted wet weather: *Pulsat.*

Calc. phos., rheumatism pertaining to cold weather, getting well in the spring and returning in the autumn.

6. *Erratic Pains.*

Sudden transition of swelling and pain from joint to joint: *Arnica*. or *Pulsat.*, according to the character of the swelling and the disposition of the patient.

Rheumatism with erratic pains, without heat, redness or swelling (chronic): *Sulphur*, if the pains are increased at night and by the heat of the bed; *Nux mosch.* if it has been the result of protracted cold, wet weather; *Asaf.* if the seat of the pain be in the periosteum.

7. *Concomitants.*

Benzoic ac., articular rheumatism with strong-smelling urine.

Eupat. perf., rheumatic affections accompanied by perspiration and soreness of the bones.—*C. Hg.*

Lycop., chalky deposits.

Mephit., migratory rheumatic pains with much urging to urinate and with shocks.

Rheumatic Carditis.

Lachesis, is said to be one of the most important remedies in cases of fibrinous deposit. Characteristics:—shortness of breath after every motion; inability to lie down on account of a suffocating sense of fulness in the chest, with the necessity of removing all pressure from the neck; gasping for breath, etc.

Phosphor., facial flushes of heat; hot palms and spine; subject tall and slender.

Spong., violent palpitation of the heart awakening one after midnight, with sense of suffocation, bellows-murmur, loud cough, great alarm, agitation, anxiety and dyspnoea.

Cactus., sensation as if an iron hand grasped the heart, (constriction of circular fibres); acute pains, etc.

Various remedies may be indicated by the symptoms in particular cases.

DR. WELLS. Acon.⁶ is the great remedy in acute rheumatism with great swelling, severe pain on motion, wants to move but cannot on account of pain.

Chamom.⁶, pain so excessive, cannot keep still, but great aggravation from motion; restlessness.

Sulph.³⁰ is the next remedy. Case does not improve under other remedies. Give a few doses, then the other well-indicated remedies will take effect.

Cactus, metastasis to heart, with acute pains.

His cases continue from three to four weeks. Often has to return to Acon. In early stage uses low. In protracted cases, 30th.

DR. C. BAKER a week ago had pain and swelling in right foot. Pain on motion as if some one were breaking it. Staph. cured.

DR. SPOONER. A school-girl had rheumatism a fortnight in left hand, which was swollen and lame. Sharp pains in shoulder. Pains in left side. Rhus rad. cured.

THE PRESIDENT formerly was subject to rheumatic pain in the knee. Had to hold up the part. Remedies did no good. It came on in March, and finally wore off, after proving Glonoine. The next March it returned and gradually subsided. Thought the Glonoine had cured him. There was no return.

DR. MUNGER. One swallow does not make the summer. He does not always attribute a cure to the remedy employed.

DR. DAGGETT reported a case of rheumatism with dull, aching pains in right shoulder, pains changing about, lameness, no swelling. Apocyn.¹ cured in twelve hours.

DR. GWYNN reported a curious case of rheumatism resulting in ankylosis of hip and knee joints. Case was afterwards diagnosed by some physicians as coxalgia. No scrofulosis in family. Drs. Swift and Boyce saw the case. No suppuration of hip-joint. Child had had a fall.

DR. SEWARD reported several cases of rheumatism.

DR. SWIFT found Acon. valuable. Also Pulsat. when pains are fugitive. In rheumatism of chest, found Bryon. and Lach. the best remedies, in his experience. Used 6th to 30th. Found cider brandy also a good remedy.

DRS. SWIFT and Miller had each known a case of rheumatic carditis setting in suddenly without previous symptoms of rheumatism located elsewhere.

As it was proposed to discipline some refractory members,

in case they continued obstinate, the code of Ethics of the American Institute of Homœopathy was adopted by the Society

On motion of Dr. Gwynn, the following Resolutions were adopted:

1. That the secretary shall announce the subject for discussion at least two months prior to a meeting.
2. That all cases be reported in writing.
3. That Electricity as a Therapeutic Agent be selected as the subject for discussion at the next meeting.

Adjourned to third Thursday in March, 1874.

A CURIOUS CLINICAL STUDY.

MRS. B., 47 years old, always cheerful and lively in spite of her long illness, is the offspring of parents who enjoyed very fair health, although her father died from phthisis pulmonalis and her mother suffered for years from congestion of the brain, was in her old age attacked by heart-disease, and died from dropsy. As a child, our patient was only considered delicate, but always enjoyed good health and loved nothing better than romping and horseback exercise. Even then, after tiring herself out mentally or bodily, she suffered from headache. She always was a good student and loved literary work. After her marriage and the birth of a child she caught cold when unwell, and being at the same time annoyed by some family trouble, her headaches returned. By the advice of some friends she took at that time, being then twenty years old, "*golden pills*," even to a very large number, when she was suddenly attacked with *diarrhœa at night*, occurring seven or eight times. She has *never* fully recovered from the effects of them. She never knew before what it was to have any sort of food disagree with her, but since then she has never been able to eat eggs in any form, and very little fruit or sweet things. She is not subject to dyspepsia now, if she is very careful in selecting her food.

Some time after taking these pills, she went to Europe, and in London consulted Dr. Laurie, who relieved her gastric troubles with *Nux vom.*; and while in Rome her courses returned once, but during a journey in Switzerland she was overtaken by a storm and drenched to the skin. Returning to Rome, Dr. Franco brought the menses back again, but another exposure brought on another cessation and they did not

reappear for seventeen years, but instead she has been a martyr to headaches. Before the cessation she often had headaches accompanied or preceded by a strange coldness on the top of the head—as if the wind were blowing on it—while the head to the touch was hot. The chronic headache, which she had for the last seventeen years, was not only at the back of the head, but everywhere and all over. Heavy dull-shooting; like a cap of iron all over. The back has become worse in the last few years; the burning in the back only about a year. She sometimes complains also of flickering of sight. In 1871 she came under treatment of Dr. E. H., and by applying electricity her menses returned scantily and since then have been more or less irregular. In September, 1872, she was in church at one of the sea-side villages in Connecticut and during the service got severely frightened by the fall of a ladder. From that time to this she steadily lost strength, she can hardly walk a block, she cannot sit up and feels most comfortable in a lying position. The least motion produces shaking of the head, which is especially drawn to the left side and her head feels a great deal too large (she says the sensation is as if there is too much brain for the skull to hold). She also complains of constant dryness of the lips and mouth. This began last spring with her lips becoming fastened together at night, so that, on suddenly opening her mouth, the skin was taken off her lips. This was better in the summer, but it returned at the attack of congestion in September last, and was so severe that her tongue would become fastened to the roof of her mouth and the throat be so dry that she feared she would choke. She still suffers from it, though in a less degree.

She has always a throbbing in the left side of her head on lying down. The left side has always been affected more than the right. She never feels the electricity go through the left side of her brain, while it quivers through the right side. When she has an attack of rush of blood to the head (this is *her* expression), it is followed by paralytic debility of most distressing nature. Three weeks before the menses return, she constantly feels an uneasiness in the sexual organs, although it does not amount to pain, but when the courses come on, there is an *instantaneous modification of every symptom*. The sensation is, as if every organ were pressing on the uterus.

Sleeplessness also distresses her more or less; a regular long sleep has been an exception for years. In the *summer* she sleeps better, but her sleeplessness returns with the relapse.

Her urine is usually like water, sometimes thick and dark colored, never high colored or offensive.

For the last few years she has been obliged to give up walking, as it produced throbbing in the head and there would be alternately light and darkness before her eyes.

She complains now of a paralytic distress in her left leg, the left knee begins to contract just like the muscles of the left side of the neck, the sterno cleido mastoideus feeling like a cord. By supporting the head at the nucha she can keep it from being drawn to the left side or from shaking, and though now somewhat relieved, it is ready to return at the slightest pretext, often with the sensation as if the brain at the back of the head was in motion.

Electricity palliates; so does Gelsem. when given for her headache. She has taken Zincum, Ranun., Arnica, Alum., but all only with palliative results.

What is the diagnosis? Are we right in considering it a case of ovarian hysteria with a diminution of nerve-power? Are these (passive) congestions caused by inhibited conducting power and stimulation in certain branches of the cervical *sympatheticus*, as her troubles all originate in the occipital region? Remack (Deutsche Klinik, p. 294, 1855) has shown that all voluntary muscles receive their tone from the sympatheticus, and may we not therefore have not only spinal spasms and palsies but also sympathetic ones? Is this very interesting case to be added to the few mentioned in medical literature as *tabes hysterica* or *sympathetica* or as Remack calls it: "*Neurogangliitis sympathetica progressiva sexualis* with consecutive ischaemia of the spinal cord?" What is the diagnosis, and better still, what are the remedies for this complex of symptoms? Should the remedy be given high or low? (She had been treated by one of our excessively high dilutionists without any benefit; other physicians prescribed only low delutions, but also with palliative results only.)

Dear Hahnemannian:

You have in your city some of the best physicians of our schools. We would be thankful, if some of them would be kind enough to give us their experience in such troublesome cases, give us the remedies and how to apply them; or if their results are also negative, let us then acknowledge, that in some cases we must be satisfied with mere palliation. S. L.

* Eulenburg remarks, that such cases favor the supposition of predisposing causes based on an originally (inherent) weaker organization of some parts of the central nervous system.

CASES FROM PRACTICE.

BY F. G. OEHME, M.D., TOMPKINSVILLE, N. Y.

1. *Aralia racemosa* in *Coryza*. A man who for several years was frequently attacked by severe coryza, had finally an almost uninterrupted attack for five months. Scarcely would it disappear before a very slight exposure would cause its reappearance. There was very frequent sneezing, with the peculiarity that the slightest falling of temperature caused an immediate aggravation of the disease. This sensitiveness to cool air and the suddenness of its effect were almost incredible, for long before his family would perceive the change, he would feel the effect. While in bed he would frequently be entirely free from the coryza. *Aralia racem.*, tincture, a few drops in a tumbler of water, a spoonful several times a day, cured the coryza in five or six days and removed the morbid sensitiveness to changes of temperature. The mucous membrane of the nose remained moist afterwards, which had not been the case for years, as after every cold the interior of the nose would be disagreeably dry. We consider the three principal indications for *Aralia* in coryza to be the following: 1st, much sneezing; 2d, excessive, morbid sensitiveness to slight depressions of temperature; 3d, shortness of breath or asthma.

2. *Lachesis* in *Coryza*. The following indications are generally given for *Lachesis*: Severe coryza with abundant discharge of a watery slime; nostrils and lips very sore and swollen. I have repeatedly found this remedy useful when the coryza was preceded one or two days by a feeling of soreness, rawness, and scraping in the throat. This condition passes off *entirely* as the coryza develops.

3. *Ferrum* in *Cramps in the legs and feet*. Cramps in the lower limbs at night are a very common complaint, although they may not come very often under treatment. In some countries it is a popular remedy to rub the affected part with an iron key. How it ever happened that the popular instinct acted on the *homœopathic* principle, nobody knows, but, nevertheless, such is the case. Hirsch (*Internat. Hom. Presse*, 3, 341) relates, that one of his patients could scarcely walk twenty or thirty steps on *iron* sidewalks without getting cramps in the toes, soles of the feet, and even in the calves of the legs, and that he was obliged to walk on the pavement. On the strength of this involuntary proving, Hirsch has advised sufferers from this complaint to either tie an iron key to the sole of the foot,

or to put it under the sheet at the lower end of the bed. This simple treatment will quickly help, even if the feet do not touch the key. We find among the symptoms of Ferrum the following regarding this affection: Cramps in the calves of the legs, disappearing on walking; frequent cramps in the soles and toes, often with painful contraction of the latter. Some time since, while making a professional visit, the mother of the patient complained of severe cramps in the calves of the legs and in the feet; they occurred every night, were quite painful, and prevented her from sleeping. A few doses of Ferr. carb.³ cured at once, and she had no cramps the next night.

4. *Podophyllum in Diarrhoea.* A child of four months had for three days from eight to twelve loose discharges a day, which were very changeable in appearance, viz.: gray, yellow, brown, green, bloody, watery, slimy, paste-like, at times more frequent than at others, but without regular periodicity. Little or no colic, slight tenesmus. Appetite good. The child did not act sick. For the last three or four weeks eczema on the right ear and back of the left one; a few small superficial boils on the neck; small blotches on various parts of the body. Merc. sol.³ (decimal) 1 gr. in half a tumblerful of water, one spoonful every two hours. Three days later no change. Podoph.² a few pills every two hours, cured the diarrhoea in one day. Skin diseases remained unchanged.

5. *Sabadilla in Toothache.* Two men had severe toothache, which seemed to proceed from unsound teeth; in one case they were decayed, in the other filled with gold, but neither patient could trace the pain to one particular tooth. The pain was at times remittent, at others intermittent, and would frequently extend over the whole side of the face. *Hot food and drink, cold food, drink or air, even with the mouth shut when walking in the cold, always produced or increased the pain.* This last symptom lead to Sabad.² which removed the pain in both cases at once.

WAS HAHNEMANN AN ALTERNATER?

THE subject of the single remedy versus alternation has, from the time of Hahnemann, been a fruitful theme for many words, if not for many ideas. The object in again bringing it before this society, is partly to bring out and develope more

thorough study of the subject; but mainly to offer what appears to be such incontrovertible proof of the fact of Hahnemann's continual and consistent opposition to alternation, taken from his own words as found in his works in the original, as would warrant the hope that those who conscientiously differ from us in regard to the use of the single remedy, will not in the future so falsely link his name to that which he so frequently declared to be unscientific, incorrect and needless.

I say this advisedly, having for months searched his works in the original: not in the incorrect and biased translations in the hands of the English reader. Though we are free to admit that if all the facts as found in the American edition of the *Organon* were taken into account, every thinking mind could discern the incorrectness of the remainder of the translations, such as the Chronic Diseases, etc.

We give the adherents of alternation the credit of conscientiously advocating such a method, they being fully convinced of its efficacy as greatly superior to the single remedy, and therefore in this paper do not call into question their motives. We will therefore trust they will read Hahnemann in his writings *as* he writes, and not as we may *make* him to mean by selecting expressions not connected and forcing a meaning from them which every thorough student of his writings immediately sees and feels to be foreign to the spirit evidenced through *ut* them. We will also hope that some scientific reason will be given in support of a practice so greatly at variance with the teachings of the founder of homœopathy. Let us now carefully sift the writings of Hahnemann, to see if he taught of alternation that it was scientific practice, as has been asserted by some.

Hahnemann says (Org., ¶ 40, f. n. 1):—"The cures which I have performed of these kinds of complicated diseases, together with the accurate experiments which I have made, have convinced me that they do not arise from an amalgamation of two diseases; but that the latter exist separately in the organism, each occupying the parts most in harmony with it. In short, the cure is effected in a very complete manner, by administering alternately *and at the proper time* mercurials and antipsorics, each according to its appropriate dose and preparation." What is that but alternation, say you. To which we would ask in reply: What do *you mean* by alternation? Subsequent passages will explain Hahnemann's meaning, bearing in mind that he here says "and at the proper time."

In ¶ 18, *Organon*, we find the following:—"The totality of the symptoms is the sole indication in the choice of *the* remedy." The idea here developed is that but *one* remedy is to be used for the totality of the symptoms: What indication have we then for the use of a second? If the choice be judiciously made according to the law, how can another remedy be interpolated without injury to the patient?

We find throughout the forepart of the *Organon* an almost constant caution against the mode of administering medicines then in vogue. Hahnemann clearly expresses himself as to its being both irrational and unscientific. He says (*Organon*, p. 103, f. n.) "Fifty years of such experience are like fifty years passed in looking through a kaleidoscope, which, full of unknown things of varied colors, revolves continually upon itself, there would be seen thousands of figures, changing their forms every instant, without a possibility of accounting for any one of them." What better, may I ask, would that be by alternation?

In ¶ 147 he writes: "Of all these medicines, *that one* whose symptoms bear the greatest resemblance to the totality of those which characterize any particular natural disease, ought to be the most appropriate and certain homœopathic remedy that can be employed; it is the *specific remedy* in this case of disease." Could Hahnemann have given instruction less liable to be misunderstood?

In f. n. to ¶ 149 we read:—"But the difficult, and sometimes very laborious affair of searching out and selecting *the homœopathic medicine*, which shall be adapted in all respects to the morbid conditions of a given case, is one which, notwithstanding all the praiseworthy attempts to simplify the labor by adminiculary publications, requires the study of the sources themselves, besides the exercise of much circumspection and deliberation, which meet with their best recompense in the consciousness of having faithfully performed our duties."

Now would Hahnemann, would even any of our alternaters, say this of alternation, that easy way for easy minds to give, "hit or miss," two or more medicines for fear the one might not be well chosen, making up in numbers what the prescription lacks in accuracy.

But some may say, the totality of symptoms are seldom covered by one remedy. Let us see what Hahnemann says, *Organon*, ¶ 153:—"What kind of symptoms ought chiefly to be regarded in selecting a remedy." "In searching after a

homœopathic specific remedy—that is to say in making a comparison of the entire symptoms of the natural disease with those produced by known remedies, in order to discover among the latter an artificial morbid power, resembling the natural disease that is to be cured—we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary, and peculiar*, (characteristic); *for it is to these latter that similar symptoms, found among those created by the medicine ought to correspond in order to constitute it the remedy most suitable to the cure.*” Here, as in all other parts of Hahnemann’s writings, we find but one remedy alluded to; while if we consult the Organon, ¶ 169, in reference to cases in which one remedy does not seem to cover the symptoms sufficiently, we observe that something very different from alternation is recommended. Thus he writes:—

“It may easily occur, on examining a disease for the first time, and also on selecting for the first time a remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the morbid symptoms of a single medicine, and that two remedies dispute the preference as to the eligibility in the present instance, the one being homœopathic to one part of the disease, and the other still more so to another. It is then by no means advisable, after using the preferable of the two remedies, to take the other without examination, because the medicine given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms; in which case it follows that a suitable homœopathic remedy should be selected for the new set of symptoms in its stead.”

What could be more conclusive than this caution from the words of Hahnemann? He could scarcely have said anything more directly in opposition to alternation than is therein expressed. Alternation is the very thing in essence against which we are here warned; truly the using of a second remedy before we examine the symptoms remaining after the administration of a former, which is precisely what is done when remedies are prescribed alternately, is here censured by Hahnemann in a most thorough and unmistakable manner. It matters not whether the interval between the doses be one hour, one day, or one week, as the principle involved remains precisely the same.

Hahnemann gives clear expression to his views in ¶ 171,

Organon:—"In non-venereal chronic diseases (consequently those which owe their origin to psora), it is often necessary in the cure to employ several remedies *one after the other*, each of which ought to be chosen homœopathically to the group of symptoms which still exist after the preceding one has exhausted its action; and which may have been applied in a single dose, or in several successive doses." Again, ¶ 248:—"The dose of the same medicine should be repeated until a cure is effected, or until it ceases any longer to afford relief; in the latter alternative, the remnant of the disease, with its altered group of symptoms, will require another homœopathic remedy." Again, ¶ 272:—"Only one simple medicine to be administered at a time. In no instance is it requisite to employ more than one simple medicinal substance at a time." It may be asserted that this paragraph refers more especially to the administration of compound prescriptions; but we find a foot note annexed which clearly sets forth Hahnemann's views relative to alternation:—"Experiments have been made by some homœopaths, in cases where, imagining that one part of the symptoms of a disease required one remedy, and that another remedy was more suitable to the other part, they have given both remedies at the same time, or nearly so; but I earnestly caution all my adherents against such a hazardous practice, which never will be necessary, though, in some instances, it may appear servicable."

From these extracts, taken from the writings of Hahnemann as found in the original, and thus correctly rendered in the American Edition of the Organon, it would seem impossible that any doubt could remain in the mind of any thinking person, as to the opposition which Hahnemann uniformly bore against the alternation of drugs, as at present understood. Hahnemann's alternation was that developed through the change of symptoms; that is to say, when the symptoms of the patient changed and indicated another remedy, give the one indicated; and if in their subsequent change a set similar to the first arise, give the first remedy again; but always wait for the change of symptoms. In other words Hahnemann's alternations were developed through the alternation of symptoms, and only at the time when the symptoms alternated; while the view of alternation held by some, seems to be that of one settled upon prior to the indications for its use. The two remedies, the one preferable, the other inferior, as Hahnemann terms them, are by our alternaters given "at the same time or nearly so."

The view of Hahnemann's meaning of the expression "in alternation" hereinbefore given, to which one of the advocates of alternation refers as being merely an explanation according to the advocates of the single remedy—as if one who never read a single word in the original, receiving it only as given to him through the translations, were a superior interpreter of the writing of the master of homœopathy—this view, as given by Dr. Hering, is the correct view, based on Hahnemann's writings from beginning to end. The *best* of books has been wilfully misconstrued; inspired words have been misinterpreted; yea, against their only evident meaning, perverted.

But let us see whether Hahnemann does not so explain his meaning as to place it beyond the possibility of a misunderstanding. (Chronic Diseases, p. 105, German copy.) Speaking of the treatment for the complication of the sycotic excrescences and gonorrhœa, he says—Such "will however the most certainly and thoroughly be cured, through the internal use of the homœopathically prepared juice of the *Thuja occid.* in a dose of the 30th potency, and when this has acted fifteen, twenty, thirty, or forty days, until its action ceases, then a dose of Nitric acid of similar potency, on which we must wait until its duration of action has elapsed."

Again, p. 106, in which he speaks of a complication of psora, sycosis, and syphilis:—"It will here be necessary to look first to the most serious of these three diseases, *Psora*, by prescribing the specific remedy from among the antipsories; then apply the remedy against the sycosis, before we give the appropriate dose of the most suitable mercurial preparation against the syphilis; this alternate application of remedies may be continued until the perfect cure is accomplished. But we must allow each of these three kinds of remedies a sufficient time, that its duration of action may have been completed."

To farther multiply examples would be useless; these will suffice to any but a wilful perverter of the writings of Hahnemann, to establish the fact that Hahnemann not only did not sanction the usual mode of alternation, but that, on the contrary, he, in words so strong as not to be misunderstood or perverted, continually and consistently opposed it.

Finally we would remark, that, having carefully reviewed all the quotations which we could obtain from the articles written by different alternaters as published in our journals, the only conclusion to be arrived at seems to be, that either

the translations were a perversion of the original, or the quotations have been culled to suit the purpose of the alternater. In fact we feel warranted in asserting that the passages referred to have mostly been garbled so as to suit the purpose to which they have been put, whether by the translator, or by the blind follower of an incompetent interpreter of the works of Hahnemann.

A. KORNDORFER, M.D.

TOLLE CAUSAM.

BY ADOLPH LIPPE, M.D.

The December number of *The American Journal of Homœopathic Materia Medica and Record of Medical Science* contains an article on its first page entitled "*The Pathological Movement in Connection with Homœopathy.*"

The author of this paper writes, as he is in the habit of doing, a paper apparently fair and full of wisdom; but on closer examination a paper so void of logic and even of common sense that it becomes an eyesore to the discriminating reader. The premises of the paper, which are bad enough, read as follows:—"Homœopathic physicians of much experience, must have observed that a certain disease was very promptly cured by a remedy at one time, but not at another, although the same symptoms were present." Any one who is and not simply pretends to be a homœopathician does or ought to know that we do not treat a certain disease. The sleepy old fogies among the allopathists do so; but the progressive men of the allopathic school, represented by Dr. Tanner, no longer generalize,—they individualize, and treat the symptoms of the patient, just as we profess to do. If the same symptoms are present, the same remedy will cure, to be sure; but if, for want of ability to individualize and observe, and with a desire to generalize certain glaring symptoms, a man of much experience is induced to base his treatment on the pathological (or nosological) condition of the sick, we must be allowed to charge him with not observing the teachings of the Organon, especially that of paragraph sixth and its foot note. We are not astonished to find on the same page of the article referred to the following sentence:—"Even as homœopathic physicians, the '*Tolle causam*' has to be still our motto." Homœopathicians have nothing to do with the *prima causa morbi*, never could have, and never will have anything to do with it. The

causa occasionalis comes in consideration under Hygiène, of which Hahnemann makes mention in paragraph seventh of his Organon, and to which we may make a few additions—for instance the movement cure, and, for the expansion of the chest, not only horseback riding, but also dumb bells, rowing, blowing of wind instruments, etc.; and as homœopathists we do not follow blindly our “own Dr. Rush,” as our author has it, but think for ourselves and individualize. Every experienced, because observing, physician knows full well that the *hereditary disposition* to a certain disease, say Tuberculosis, cannot always be overcome by the administration of medicines only, that there are cases in which exercise on horseback, or rowing, or the blowing of wind instruments, or cod liver oil, or change of air—either a cold or warm climate—will cause an expansion of the chest or strengthen the lungs to be able to better resist the threatening disease;—but we must *individualize*. The effort of the author to prove his motto—*tolle causam*—correct, is absurd; such testimony as he offers is not admissible. He does not give a logical argument, but indulges in hearsay testimony, and quotes as authorities persons who have always rejected Hahnemann’s teachings but for the sake of their own convenience or interest have held on to the name. Believing as we do in the teachings of Hahnemann and knowing as we do that homœopathy neither seeks nor requires a pathological movement in connection with it, we would in our ignorance humbly ask to be informed what the *prima causa* of hooping cough is? Furthermore, we have only to remind the learned author of this paper of one of our fundamental principles! Medicines when taken by healthy persons (provers) cause certain changes in their sensations and conditions *similar* to such symptoms as are caused by disease. Medicines and diseases cause similar and not the same symptoms. The effects of medicines exhaust themselves, those of disease do not.

PUBLICATIONS RECEIVED.

A SYSTEM OF SURGERY.—By Wm. Tod Helmuth, M.D., Professor of Surgery in the New York Homœopathic Medical College. Illustrated, with 571 Engravings on Wood. New York: Carle & Greener. 1873, pp. 1228.

The advent of this important work—announced some time ago,—together with the completion of Franklin’s Surgery, mark an era in the history of Homœopathy in America. It had been oracularly declared that “homœopaths are no surgeons,” and repeated so

often that even homeopaths had begun to believe it to be true. And, indeed, the assertion was not entirely without foundation, for the followers of Hahnemann, having their hands sufficiently filled with matters strictly medical, had no time to devote to surgery, which could be done by allopaths in very handsome style. But, in the year 1855, it entered into the mind of a young physician of Philadelphia, fresh from the instruction of his *alma mater*, to open up the way to a surgical literature for the homœopathic school, and the work known as "Surgery and its Adaptation to Homœopathic Practice, by Wm. T. Helmueth, M.D.," and which may be regarded as the first edition of the work now under review, made its appearance, as the result of this young author's plucky determination. Possibly our author is somewhat ashamed of his firstling, especially when he compares it with the splendid work he has since achieved; but when we examine its pages, and think of it as the first venture of its kind ("Hill and Hunt's Surgery" appeared about the same time); and consider how barren was the *homœopathic* material for our author's use, our wonder at its excellency rises above every consideration of its short comings. Then came Franklin's excellent work, issued in parts which unfortunately dragged their slow length through the press beyond the point of mere vexation. And now comes this ponderous royal octavo volume of more than twelve hundred pages; up to the times in every respect, both as regards surgery and homeopathy; written in perspicuous style; abundantly illustrated with excellent cuts; and carrying us through the author's *personal* experience as a surgeon as well as relating that of the numerous other physicians of the new school, who have achieved for themselves reputations as surgeons,—giving it a *homœopathic air and manner*, so to speak, which must be gratifying to all members and friends of our school.

The work is divided into forty-five chapters, which comprise nearly the entire domain of surgery, excepting Ophthalmology, Otology and Odontology, which the author has left to be cared for in the future by specialists. The first six chapters are devoted to the consideration of the following subjects: General Remarks on Surgery and Surgeons; Minor Surgery; Use of the Thermometer (a most valuable and interesting chapter); Electricity (including Electrolysis and the use of the Galvano Cautery); Disinfectants; Anæsthesia. In these chapters the subjects treated of are presented in such a manner as to leave little to be desired. The author has the happy faculty of making plain statements briefly; and he has exercised his ability in this respect most judiciously in thus opening the portals of operative surgery without detaining the seeker too long in the passage way.

Chapters seven to forty-five (inclusive) comprise the following subjects, the enumeration of which will give our readers a fair idea of the scope of the work: Surgical Fever; Inflammation; Suppuration and Abscess; Ulceration and Sloughing; Gangrene and Mortification; Tumors; The Microscope; Scrofula; Venereal Disease (Chap's XV., XVI., XVII.); Wounds; Hemorrhage; Amputations; Injuries and Diseases of the Skin and Cellular Tissue; Injuries and Diseases of Muscles, Tendons and Bursæ; Injuries and Diseases of the Arteries; Ligation of Arteries; Injuries and Diseases of the Veins; Diseases of the Capillaries; The Nervous System after Injuries and Operations; Injuries and Diseases of the Bones; Fractures; Injuries and Diseases of the Joints; Dislocations or Luxations;

Injuries and Diseases of the Spine ; Excision of Bones and Joints ; Injuries and Diseases of the Head ; of the Nose ; of the Mouth and Throat ; of the Jaws ; of the Neck ; of the Thorax ; of the Abdomen ; Hernia ; Diseases of the Rectum and Anus ; Injuries and Diseases of the Male Bladder and Urethra ; Diseases of the Male Genital Organs ; Injuries and Diseases of the Female Genital Organs.

Having learned from this table of contents the great variety of subjects presented in this work, the reader will scarcely expect the reviewer to go over the entire ground. Indeed it would be impossible to do so, did space even permit. But we are able to assert, from a very careful examination of the work, that as a text-book of Surgery, considered simply from the stand-point of theoretical and operative surgery, or as a work especially adopted to the requirements of a homœopathic practitioner, it has no superior. We will however, briefly present a few points which have attracted our attention specially, while conning these valuable pages: In the after-treatment of amputation, under the head of Neuralgia of the Stump, the author relates a case which, having resisted all other treatment, yielded, in two days, to ten-drop doses of the tincture of *Allium cepa*. The use of "wilted" onions for facial and other forms of neuralgia is a well known method of domestic practice in some sections of the country, and we have known of their being used with most gratifying success, where *Spigelia*, *Bell.*, *Gelsem.* and even *Zinc. val.* had failed to relieve.

In the article on *erysipelas*, our author fails to mention *Graphites*—which is frequently of much use in some forms of the disease, especially the "*erysipelas bullosum*"—except in cases where there is a "tendency to ulceration." He discountenances and discourages the use of external applications in the treatment of *erysipelas*; and in general these adjuvants do little good beyond quieting the mind of the patient, who in this disease is generally very nervous. But the virtue of *Kaolin* as an application to *erysipelatos* surfaces is not to be denied. Our attention was first called to its use by Dr. I. T. Talbot, some time ago, and since then we have abundantly verified the experience he had with it in a case of facial *erysipelas*, by applying it to the affected parts in the form of a thick paste.

In treating of *gonorrhœa* our author writes: "When the inflammatory stage has begun, the most reliable medicine in our *materia medica* is *Aconite*." This assertion we most unqualifiedly endorse. Physicians, it would seem, have had their attention distracted from *Aconite*, in *gonorrhœa*, to *Cannabis*, *Mercury*, etc. It is true that *Aconite* will not lessen the discharge; but it has a charming effect when given at the right time, and prepares the way for other treatment. If *Aconite* were more frequently used in the first stage, there would be a less frequent resort to injections. Our author lauds the virtues of *Cannabis sat.* in *gonorrhœa*, and claims that to get its good effects, not lower than the twelfth dilution should be used. We fear the author's experience with *Cannabis* does not agree with that of many members of the profession, who have used it from the tincture up to the two hundredth dilution, without getting much good out of it. In the list of injections we do not find the solution of permanganate of potash, which is, perhaps, the most generally efficacious of them all, when used in from one to five grains to the ounce of water.

We turned with eagerness to the treatment of *gleet*, hoping that so skilful a practitioner as our friend and preceptor would surely have some certain method of getting rid of that "drop or two," which wor-

ries the doctor not less than the patient. But alas, we found that he regarded the treatment of gleet, as we do, as one (there are too many of them) of the *opprobria medicorum*. It is all very well for gentlemen to tell us that we must get the *symptoms of the patient* and find the *similimum*; but how if there be no symptoms but the "drop or two?" With cases of gleet we have ere now gone through the *materia medica* and run the gamut of potencies, and yet always found the "drop or two" immovable, until in more instances than one, the perverse party would get a *fresh* attack of gonorrhœa, and be cured of the drop or two in the drying up of the more abundant fluidity.

We cannot too highly commend this work to our readers, though it needs no commendation beyond the name of the author. It is truly a work which no homœopath can afford to be without, and we trust it will meet the ready sale it deserves. The author is no mere theorizer, but is well known as a bold, skilful and successful surgeon, who has made a high mark amongst the best surgeons of the country; and into this book he has put the experience he has gathered within the past twenty years from a wide field of surgical practice.

As a valuable gem deserves a fitting casket, so a valuable book deserves a fitting presentation in the way of paper, printing and binding. It may be hypercritical to find fault with Helmuth's *System of Surgery* in this regard; but it would be none the worse if it had received the same degree of attention from the publishers as Messrs. Bericke & Tafel are in the habit of bestowing upon their publications.

We have noticed with not a little surprise and with considerable pain, a *critical* notice of this work which appeared in the December number of the *Medical Union*. When a critic offers his opinion of a book to the readers of a medical journal, it is to be taken for granted that ordinary fair dealing, at least, has assisted his pen, and that he has laid aside all personal ill-feeling toward the author of the work, if he has any. Surely in this instance these requirements of a just criticism have not been fulfilled, or we would not have the gross mis-statements which crop out so prominently and reveal beyond a doubt the animus of the unknown writer.

After an assertion of intended fairness, this writer charges first that "there is no account given of pneumatic aspiration in the diagnosis and cure of disease." We find an account of pneumatic aspiration, and a cut of Dieulafoy's instrument, on page 969, and an allusion to its use on page 1072. Again, the critic remarks "When our author, describing pus, tells us that 'the corpuscles are generally spherical', it would have been prudent to have qualified this statement, since Von Recklinghausen has shown that only dead pus cells have this round shape!" Our author would have been very *imprudent* if he had incorporated with his work the opinion of a single physiologist in a department where opinions change almost daily. Immediately following this is a statement, which, if it were not uttered so solemnly, we would regard as a joke. The critic writes: "And, again, we learn for the first time of an 'extra-vascular' pus globule [page 118] which will probably be new to those who have never before known that a pus globule possessed even the slightest degree of vascularity." This writer seems to not know that *extra-vascular* may mean outside the blood-vessels, as extra-uterine means outside the uterus; and this is Dr. Helmuth's meaning, as the context unmistakably shows. Again, the critic writes, "We doubt whether our author shows to advantage the practical application of pathology when he fails to enumerate the obliteration of varicose veins as a possible method of curing vari-

cose ulcers." Turning to "our author's" work, on page 149 we find the very recommendation which the *critic* says has been omitted. But we need go no further into this matter.

On sale by the Publishers, 23 Union Square, New York.

EDITORIAL NOTES.

THE MANUFACTURE OF HIGH POTENCIES. Dr. F. E. Bœricke, of the firm of Bœricke & Tafel, has sent us a handsome photograph of the machine, invented by himself, with which he makes his high and highest potencies. With his customary candor and honesty he gives a description of the machine and the manner of its use, and even leaves it open to anyone to copy it, inasmuch as he has taken out no patent right. The machine is ingenious yet simple, and the doctor deserves credit for thus plainly showing what has been heretofore regarded as a great mystery—the method of manufacture of high potencies by machinery.

ANNUAL SESSION OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY. The 23d Annual Session of the N. Y. State Homœopathic Medical Society will be held in City Hall, Albany, N. Y., Tuesday and Wednesday, February 10th and 11th, 1874. The Annual Address will be delivered by T. F. Allen, M.D., of New York. The Delegates from the several county societies are especially urged to be present, by the Recording Secretary, Dr. Frank L. Vincent. No doubt this will be both a pleasant and profitable gathering.

ALLOPATHY STILL LIVES. Allopathy still lives, and allopathists have given another of their characteristic and periodical public exhibitions of bigotry and malice, in refusing to admit to membership in the *American Health Association*, Dr. T. S. Verdi, a homœopathic physician and member of the Board of Health of the District of Columbia, appointed to that office by President Grant, and Dr. D. W. Bliss, another member of the same board and an allopathic physician, who was guilty of the crime of consulting with a man who had consulted with a homœopathist. They have taken little by this stupid blunder, inasmuch as the public press, with the unanimity displayed in the Van Aernam affair, have denounced them in unstinted measure. The N. Y. State Homœopathic Medical Society has made an effort to prevent the reappointment by the Governor of New York of Dr. Vanderpool to the position of Health Officer to the port of New York, Dr. V. having been chairman of the Executive Committee of the exclusive American Health Association, and mainly responsible for the disgraceful procedure. We have been informed by a reliable person, that Governor Dix said to a committee of homœopaths who had called on him for the purpose of representing their case, that he could see nothing in it but a quarrel between medical schools. Can it be possible that this Governor, who is accredited with the utterance of one of the most patriotic of American patriotic utterances, can see nothing in such an outrage as this but a "quarrel between medical schools!" O Tempora! O More when bigots can by virtue of their numerical superiority, control their own selfish purposes the workings and memberships of national health association, gotten up in the interests of the whole American people, and Governors of great States can condone the insult and the crime. It is time that the people take hold of the

matters, as well as the press, and settle with these bigots who would debase science to their own littleness, and put shackles on freedom of opinion.

HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY. We have received the sixth annual statement of this company, which is out so unusually early in the year as to be an evidence of extraordinary enterprise worthy of note. And not only do we gather from this report that the company is enterprising but that it is successful also, and clearly shows the relative mortality of homœopathic and of allopathic "risks." The total assets, Jan. 1st, 1874, except future premiums, figure up \$547,931.58; while the liabilities amount to \$447,466; leaving a surplus to policy holders of \$100,465.58, which strikes us as a most excellent showing for the soundness of the company. The most interesting statement in this report from a strictly homœopathic standpoint is the following: The number of policies issued to homœopathists is 4,470, of which 32 have died; while the number issued to non-homœopaths is 1,437, of which 37 have died; *i. e.* the deaths among the non-homœopaths have been more than three times as great as the deaths among the homœopaths. This is indeed a marked contrast. Surely homœopaths should be admitted to the American *Health Association*! This company comes out squarely upon a homœopathic basis.

PERSONAL.—GUERNSEY. Dr. H. N. Guernsey writes us that he takes exception to that part of Dr. J. C. Burgher's critical notice of Guernsey's *Obstetrics* which treats of the author's views on Reproduction, and that he will reply to the same as soon as his professional and other duties will permit.

OBITUARY.

ISAAC JAMES, M.D.

Departed this life at his late residence in Bustleton, Philadelphia, on Thursday, Jan. 22d, 1874, the Rev. Isaac James, M.D., in the 97th year of his age. Dr. Isaac James was born at Radnor, Delaware County, Penn'a, at the "Old Mansion House," the home of his ancestors for three generations. In the spring of 1816 he removed with his immediate family to South Trenton, N. J., from thence in 1826 to Philadelphia, in 1828 to Radnor and subsequently to the neighborhood of Bustleton, where he resided until the date of his death. He graduated in medicine at the University of New York, in 1825, and commenced the practice of homœopathy in 1844, a few years after that system of medical practice had been adopted by his son, the late Dr. David James. He became a member of the American Institute of Homœopathy in 1846. Dr. James had the honor of being up to the time of his decease "the oldest Methodist in the world," having joined that religious body in 1790. He was licensed to preach in 1800, and was therefore one of the oldest ministers of that denomination. Dr. James was well and hearty, and in possession of all his faculties, up to the age of 94. From that time onward he gradually failed in health and strength, although he was about the house as usual up to within a few weeks of his death. He was a man of great activity of mind and body, quick of thought and of remarkably rapid utterance. He led a useful life as minister to the ailments of both soul and body, long beyond the three score and ten of the Psalmist, and died full of years and honors. He was buried

at Bustleton, on Monday, January 27th; but it is the purpose of his family to remove his remains to the family vault at Radnor. Dr. James had a large family of children, sons and daughters; of the former were the late Dr. David James; Thos. P. James, now of Boston, one of the most celebrated Botanists in the United States, specially famous for his knowledge of lichens and mosses; the late John F. James, for more than a quarter of a century the Actuary of the Girard Life, Annuity and Trust Company, of Philadelphia; and Samuel N. James, formerly a druggist of Philadelphia. Dr. Isaac James was the grandfather of Drs. Bushrod W. and John E. James, of Philadelphia.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBT. J. M'CLATCHEY, M.D., SECRETARY.

THE Society met as usual, on Thursday, January 8th, 1874, Dr. Richard Gardiner occupying the chair.

DR. A. KORNDORFER read an interesting paper entitled "Was Hahnemann an Alternater?" for which he received a vote of thanks. (See page 319.) The doctors paper was then discussed.

DR. B. W. JAMES said he did not wish to claim that alternation was a better or more successful practice than the giving of a single remedy; but he would require stronger evidence than the *ipse dixit* of those who did not alternate to prove that it was not so good and not so successful. He knew, from reading Hahnemann's writings carefully, that he did alternate, notwithstanding the labored attempts to prove that he did not.

DR. KORNDORFER.—You know, from reading Hahnemann's writings in the false and garbled English translations, made by men who had every motive to prove Hahnemann an alternater because they were alternaters themselves.

DR. JAMES.—This plan of accusing Hahnemann's translators of garbling his writings is worn threadbare. Let some one who understands both languages thoroughly give us all the points. Dr. Hering, who is certainly acquainted with Hahnemann's writings in the original, gives directions for alternation in his domestic treatise.

DR. KORNDORFER.—Dr. Hering explains that point by saying that his work was prepared for the use of the laity, to aid them until they could secure the service of a physician; and, again, his work was written in German, and many passages have been mis-translated. He, Dr. K., was acquainted with both languages, and he was willing to give the German original and the correct English rendering, together with the mis-translations, of the most important passages, and print them in the *Hahnemannian Monthly*, if the editor of that journal would assent to it.*

DR. JAMES reiterated his belief that Hahnemann alternated remedies, and that his immediate followers did the same. This outcry against alternation seems to have been an after-thought, originating with the so-called purists and high potency practitioners, and there was now a labored attempt to prove that Hahnemann did not alternate remedies, which, in his opinion, was a failure. He believed there were plenty of cases where remedies used in alternation acted better and more promptly than a single remedy could. He hoped

* The editor of the *Hahnemannian Monthly* will gladly publish any thing that will serve to advance the best interests of homœopathy.

we would get at the truth of the matter as regards these translations.

DR. KORNDOERFER regarded it as a mooted point whether alternaters cure their patients more satisfactorily than those who use the single remedy, and it would be difficult to prove the opposite. He had not attacked the practice of alternation in his paper, but had simply defended Hahnemann from the charge of being an alternater. We are constantly gaining accessions to our *Materia Medica*, and these new remedies often cover bare places which were never before covered by a single remedy, and thus the *necessity* for alternating, which is claimed to exist by alternaters, is being done away with.

DR. WM. H. BIGLER said that Hahnemann did alternate, and Dr. Hering has admitted that he did. The difficulty of giving a correct rendering of some passages in German was, he was well aware, sometimes very great; but yet it would seem to be impossible that these translations of Hahnemann's writings should be so imperfect as to admit of so great a difference of opinion. He was able to read Hahnemann's writings in both languages. Hahnemann and his co-laborers seem to have not regarded alternation with so great an abhorrence as the single-remedy men would have us believe. It is true that he regarded the single remedy as the best practice, but he certainly did not look upon alternation as unscientific practice.

DR. JAMES thought Hahnemann did not wish to teach the doctrine of alternation, and therefore he brought the single remedy practice more prominently forward; but it was clear to his mind that Hahnemann and all the older homœopaths alternated. When he was a student, all the professors alternated, and they were among the oldest and most eminent men in the profession, yet alternation was not taught by any of them. He believed that it was generally conceded that the translation of Hahnemann's *Organon* was correct, and from that work he knew that Hahnemann frequently referred to the use of intercurrent remedies, which is, after all, a method of alternation, and which possibly may have led to the *a priori* alternation so largely practiced now.

The Secretary said that as there were so few present, he would say a few words; not however on the subject of alternation, for on that he had nothing worthy of being said to bring before the society. He was afraid, however, that his friend Dr. Korndoerfer, in his laudable zeal to defend Hahnemann from a charge which he believed to be a false one, was guilty of doing injustice to other writers. For instance, he had replied to Dr. James, that he, Dr. J., had read Hahnemann's writings in the garbled English translations made by translators who had every motive to prove Hahnemann an alternater because they themselves were alternaters. Now, as regards the *Organon*, a certain prominent publisher who had constantly heard of the errors in the translation of that work, resolved, although the book has no sale, to secure the services of a homœopathic physician, himself a pure Hahnemannian and an elegant English and German scholar, to make a new translation, that a new edition might be published. After some time spent in comparing, this physician wrote this publisher that the errors were so few and so insignificant, that it was not necessary to have a new translation, and so he declined the work. And as regards Hempel's translations of the *Materia Medica Pura* and the *Chronic Diseases*, it must be borne in mind that whatever errors in translating Hempel may have committed, he certainly had no motive to make Hahnemann appear as an alternater because he, Hempel, was one, for at that time Dr. Hempel was of the purest pure, believ-

ing in Hahnemann's teachings to the letter and in nothing else, and carrying high potencies to the verge of if not into the domain of spiritualism. In his inaugural as co-editor with Dr. J. F. Gray of the *Medical Examiner*, new series, he lays down the articles of his belief very plainly. However much he may have, in the opinion of some physicians, fallen from grace since that time, certainly in 1845, the year in which his translations of the works of Hahnemann appeared, he was not an alternater. He was, at that time, advocating the single remedy, and was engaged in introducing Jenichen's high potencies into this country.

DR. KORNDORFER said he had not included the Organon. He believed Stratten's translation was a very fair one.

DR. BUSHROD W. JAMES then made his regular monthly report as Scribe, as follows:—

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

"COMBINED OXYGEN." Dr. A. M. Cushing claims that this remedy is not a nostrum and has given it considerable attention for seventeen years, and was told by his preceptor fifteen years ago to go ahead with it. He says:—"I have no facilities for making or administering it, other parties took the ball, and brought out oxygenated air, compound oxygen, medicinal oxygen, etc.

I do not know the formula of either. I only speak of "Combined Oxygen," brought out by Dr. Wm. Congdon, now deceased, which is composed of Nitrate of Ammonia, ninety-six parts; Ferri Oxidum Hydrotum, three parts; and black oxide of Manganese; one part; pulverized, mixed, distilled in a glass retort, the vapor passing through several glass jars half full of pure water, and retained in a receiver. Parties who have not used the various kinds say the "Combined Oxygen" is equal to any, and think there is but *very little difference*.

The doctor then explained how different parties dispose of the right to use the various kinds, and the enormous charges for the same, claiming to have patents on the same, but he was not certain they all had patents.

Cases treated with "Combined Oxygen."

I. M., aged 35, who had Sciatica thirteen months, twenty-three weeks confined to his bed. Had several doctors, old school. Can just walk with a cane. Inhaled "Combined Oxygen" once a day for one week. Reports as ten years younger than a week ago. Almost well, was entirely well in three weeks and worked at upholstering every day.

II. M., aged 45, has had Asthma eighteen years. Is very low, bad cough, poor appetite, etc., Four years has not undressed to go to bed, sits in a chair at night. *People in the next house and in the street are disturbed by his breathing.* Inhaled "Combined Oxygen" once or twice a day for three or four months and his Asthma disappeared. No return, now one year.

III. M., aged 35, has had Asthma for ten years. Inhaled "Combined Oxygen" occasionally for a few weeks, and was cured. (*Medical Investigator*, Dec., 1873.)

PROLONGED GESTATION. Dr. E. P. Scales reports in the *Investigator*, a case of two hundred and eighty-six days duration. I have several times known cases to go three hundred days.

WHAT IS TAKING COLD? Dr. G. E. Shipman in the *Medical Investigator* asks this question and remarks:—

"Perhaps no better example of a phrase in common use, the meaning of which is but little understood, can be given than this 'catching cold'; 'he has caught cold,' accounts quite satisfactorily for many an ailment, yet how few really know what it is. I am not quite sure that I do myself, and it is rather with the hope of awaking inquiry than of imparting information that I propose the question.

What is catching cold? We used to hear years ago when travelers spent days and weeks in the vast regions beyond the Mississippi without even entering a house, sleeping on the bare ground all the time, that they took cold the first night that they slept in a house. Those familiar with pioneer life too, have often heard it said 'I lived all winter in my log cabin without any chinking and never caught cold, but took cold the first night after it was chinked.' How did they do it?

It used to be said, by exposure to a draft checking perspiration. But the fact is that they only took cold when not exposed to a draft. Without denying that one may take cold by being exposed to a cold draft of air—or a cold draught of water—when perspiring, is it not clear enough from the fact above alluded to that he may take cold from impure air, especially from air containing too much carbonic acid gas?

In studying the diseases of children, this is a question of the greatest practical importance, for if children catch cold by being excluded from the air rather than by being exposed to it, a change should be effected at once in many a nursery. And as it is the diseases of children for which we are met to study, my remarks will be confined to them.

The lungs of children at birth are, to a greater or less extent, in a state of congestion.

Billard refers this to 'the stasis and superabundance of blood in the heart and lungs during labor.' Whether this is the case or not, the fact is, that infants at birth and for some days after do not use as much of their lungs as adults. Nobody uses the whole power and capacity of his lungs except on rare occasions, but whatever measure we adopt on the general use of the lungs by adults, newly born infants fall much below this. Hence there is always more or less a stasis of the blood in the lungs, more or less blood not properly ærated, hence containing too much carbonic acid gas.

Exactly how much of an over plus of this gas is compatible with health, it would be difficult to say, but the consequences, when this point is passed are well known."

INTERESTING FRENCH STATISTICS. Bertillon claims that in a million married persons without children there is an average of 175 convicts yearly; while in the same number with children there are but 109. In a million childless married men 450 commit suicide annually, while in an equal number with children, only 202 make way with themselves; among married women the proportion was from 157 to 45; widowers with children 526; without children 1,004; widows with children 104; without 238. (*Med. and Surg. Reporter*, Jan., 1874.)

ACTION OF WATER UPON METALLIC LEAD. The results obtained by the author from many experiments are as follows:

1st. That the purest waters act the most powerfully on lead, corroding it and forming a carbonate of peculiar and uniform composition.

2d. That all salts impede this action, and may prevent it altogether; some of them when in extremely minute proportion.

3d. That the proportion of each salt required to prevent action is nearly in the inverse ratio of the solubility of the compound which its acid forms with the oxide of lead.

The statement is also made that sulphuretted hydrogen, as usually employed, will detect lead if it is dissolved in ten millions parts of water, but "facts however warrant the conclusion, that the impregnation must amount to at least ten times this quantity before water can act injuriously upon man however long it may be used." (Sir Robt. Christison, in *Chemical News*, Jan. 11th, 1874.)

MISTAKING DISEASES. A few weeks ago there arrived in Montreal a sailor who during the long voyage had developed unmistakable symptoms of ocomotor ataxia, which had for some time been threatening him. The day following he left his ship, and was endeavoring with the hesitating and uncertain gait peculiar to his disease, to make his way to the hospital, when he was overhauled by a policeman, and in spite of his earnest remonstrances, dragged to the station, charged with being drunk. On the morrow he was presented before the recorder, and when he again endeavored to explain the case, was told on account of the difficulty of utterance under which he labored, that he was still drunk, and was forthwith condemned in default of a fine, to imprisonment in the common jail for one month.

This imprisonment the helpless man was obliged to undergo, finding it impossible to get any one to listen to his story, although it must have been clear to all that his condition remained unaltered throughout.

Immediately on his release he sought and obtained admission to the hospital, where at last accounts he was still under treatment. (*Boston Med. and Surg. Journal*, January, 1874.)

RELAXATION OF THE SPHINCTER ANI, AN INDICATION OF INTUSSUSCEPTION. Dr. J. Schultz, of Prague, has observed in three separate instances, that intussusception of the intestine is accompanied by complete relaxation of the external and internal sphincter ani.

In this condition two fingers can be introduced into the rectum, without the exercise of force and without inflicting any unpleasant sensation upon the patient. (*Boston Med. and Surg. Journal*, January, 1874.)

PEELING THE NOSE IN CASES OF HYPERTROPHY. M. Ollier, of Lyons, has proposed and in two instances carried out an operation for the relief of the excessive hypertrophy of the nasal organ, occasionally met with in drunkards, the lobular masses there deposited being at times of such magnitude as to interfere with speech, respiration or the reception of food, an occasionally impeding binocular vision, thus causing strabismus. The patient being narcotized, M. Ollier cuts through the skin and thick tissues on the dorsum of the nose; then dissects them carefully upon each side, taking the greatest care not to touch the cartilages and to preserve the fibrous tissue which holds them together. He thus entirely spares the fibro cartilaginous framework of the nose so as not to interfere with its form or functions. The introduction of a finger into the nasal cavity allows the surgeon to judge of the thickness of the tissue which he is leaving and to be certain of the integrity of the essential parts of the nose. (*British Medical Journal*.)

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UTERINE DISPLACEMENTS.

BY L. B. HAWLEY, M. D.,

(Read before the Chester, Delaware and Montgomery Co. Med. Soc., Jan. 6, 1874.)

As a basis for discussion, let us briefly review the functions, organization and relations of the uterus, which may aid somewhat in the elucidation of the subject.

Its primary functions are to receive and retain the foetal germ during gestation, and expel it when that period is accomplished.

In structure it is muscular, having fibres extending in all directions, constituting a hollow orbicular muscle, highly vascular, and having its vessels so arranged as to constitute erectile tissue.

The arteries are derived from two sources, one set nourishing the organ itself, and the other probably more directly supplying its functional powers, as they are but partially developed previous to puberty. The nerves are derived from both the cerebro-spinal and ganglionic systems, and are intimately connected with those of all the reproductive organs, and other pelvic and abdominal viscera, inosculating through the several plexi with the entire organism.

The internal surface having communication with air, is provided with the appropriate mucous membrane, while its external surface is overlaid with serous membrane to permit mobili-

ty, all its annexæ communicate directly with it and derive their blood vessels and nerves from a common source, all having a common interest.

While the uterus is in contact with several other organs, it has no fixed point of attachment, and adheres only to the superior part of the vagina and a small portion of the posterior surface of the bladder, which is constantly varying in volume and relative position; hence the uterus is in constant motion, changing continually its relation to the pelvic axis, whilst the elasticity of the vaginal walls permits great variation in the distance from the vulva.

The vagina is a *via utero*, so guarded as to communicate any attempt at entrance to the central organ, the cervix of which it encloses at its superior extremity. Its structure is such as to permit great and rapid changes in the capacity of the canal and condition of its parietes, which, like the principal organ, is provided with erectile tissue, no doubt acting reciprocally during sexual excitement.

The round ligaments were formerly supposed to act as guys or stays to hold the womb in place, but reflection and more careful observation teach that such is not the case, as they would not be in tension until the vulva were passed. It is possible that they may serve to prevent upward pressure against the abdominal viscera during pregnancy, when recumbent, but this could hardly be necessary in a standing position, as the gravity of the organ itself would appear to be sufficient. They seem rather to be a medium of communication between the external and internal organs of generation, made especially available during coition and parturition, their apparently superfluous length adapting them to the various modifications in size and position of the uterus, and allowing considerable variation in their own position when pushed aside by other distended organs. The broad ligaments can be regarded as little else than superfluous peritoneum to accomodate the enlarged uterus during gestation, utilized to protect the ovaries and other annexæ.

The Fallopian tubes are canals communicating with the germ-producing ovaries and are continuous with the uterine cavity, having no part in retaining that organ in position.

We have then a body capable of and constantly submitted to great mobility. As stated by Cazeaux, "The connections of the uterus are very loose and extensible, it therefore exhibits a great degree of mobility, and may easily be moved in every direction." It appears to be tethered to accommodate the condition of adjacent organs, whether a distended bladder, a surcharged rectum or other viscera, to which it readily yields. An organ in direct communication and sympathy with its several annexæ, from the vulva to the ovaries, through the nerves and nutritious vessels which are derived from a common source, and freely inosculate with each other, so that one cannot be materially affected without communicating the fact to others. M. Huquier has demonstrated that the vulvo-vaginal glands bear a reciprocal relation to the ovaries, and it is probable that through their communicating nerves, the act of coition influences the ovaries to promote fecundation.

How is the uterus kept in place? Chiefly by the integrity of adjacent organs. Almost the entire boundaries of the abdomen and pelvis are composed of elastic tissues, extending and contracting as required by the condition of the viscera within. The uterus lies between the bladder and intestines, the larger end up, inclined at an angle with the axis of the pelvis and vaginal canal; the rectum passing down behind it, often distended with fecal matter which pushes it forward, while the bladder rises and falls like the tides of the sea, only with less regularity, the womb rising and falling with every ebb and flow.

The fully developed uterus too, varies frequently in volume; being engorged during menstruation and sexual excitement. The abdominal muscles accomodating themselves to these varied requirements, keep all the viscera in contact; and so long as they and other muscles respond to the demands upon them, no permanent displacement can occur. The integrity of

this action is not wholly dependent upon the muscles themselves, and cannot take place unless acted upon by or through the nerves which supply them.

In view of what has been said, we may as well inquire what constitutes uterine displacements? Certainly not the direction of its axis, as many seem to suppose, nor the distance from the vulva, as these may vary greatly in the same individual, while no two persons are precisely alike in these respects; neither is the size of the organ a criterion, for that is subject to a similar variation.

Let us fix another point in our minds, viz., that a displacement is not a disease but an effect. Dr. T. A. Emmet, Surgeon-in-chief of the Woman's Hospital of the State of New York, says: "Prolapse of the uterus should mean simply an effect from some cause, by which the organ remains persistently lower down in the pelvis than in a state of health."

The causes which produce malpositions are as numerous as the influences which affect the mind and body of man. The same authority quoted above, groups them under four principal heads. First. Crowding down or pressure from above. Second. Increased size of the organ from a variety of causes. Third. Loss of tone in the vagina. Fourth. Laceration of the perineum, in consequence of which the vaginal walls prolapse, followed by the uterus. Savage, in his work on the female pelvic organs, states that venous obstruction in the course of the ascending vena cava or spermatic veins influences immediately the state of the pelvic venous circulation; all the pelvic veins soon become surcharged with blood, "and becoming varicose, fill the meshes of the pelvic cellular tissue with such enlargements."

Another prolific source of plethora is too constant sitting on luxurious cushions, which excludes the air from the apertures, increases the temperature, and causes congestion, sexual excitement, etc.

After referring to the train of symptoms which attend displacements and disease of the uterus, Dr. Emmet remarks:

"I have found such cases more frequently among the sterile and the unmarried, between thirty and forty years of age, where nature has begun to enter her protest against a blighted sexual life spent in violation of her laws."

Dr. Frank L. Vincent mentions a young lady, a musician by profession, upon whose sexual functions "music had a peculiar influence; her sympathetic system was peculiarly susceptible to the impressions of certain kinds of harmony, and at times would become so over-wrought by it, that an exhausting orgasm would result."

I will quote again from Dr. Emmet's article, viz.: "With a full appreciation of the fact, that within a given space no other portion of the body contains such a vast net-work of vessels, and from the erectile character of the tissues within which these vessels are matted, so as to give an almost incredible capacity for the accumulation of blood, when any obstruction occurs to the venous circulation, we can readily understand how little is to be accomplished by any mechanical support to the uterus, or from local treatment alone. Farther, these anatomical considerations clearly explain why, with a condition of habitual constipation, we so frequently find the uterus too low in the pelvis, with more or less congestive hypertrophy among a class of patients, as the result of an artificial, indolent life spent without purpose."

The diagnosis of prolapsus is very simple, and can only be positively ascertained by vaginal examination. Much has been written of anteversion, retroversion, and other displacements, which no doubt often exist; but malpositions are only diagnostic signs of some other morbid condition. We will not dwell upon them here, and take it for granted that the members of this society need no instruction as to the means of detection. Let us not, however, be too hasty in declaring malposition because upon examination we do not find the cervix in the precise location or the body inclined at the angle expected. Until within a few years past the treatment has been quite uniform, the main dependence being mechanical

supports, astringent and cold water injections, *et hoc genus omne*; but as Charles Reade's Dr. Sampson once remarked: "Isn't the practice sure to be the opposite of the remedy." No little ingenuity has been exercised in devising different forms of pessary to hold up the displaced organ, and every year adds to the number of claimants for popular favor; a proof of the insufficiency of such supports. Like Archimedes' lever, there is no fulcrum upon which to place them, vital tissue only being at hand, which is soon destroyed, gives way, and adds new complication to the case. In short, they so often injure and so seldom benefit that they are inadmissible, excepting perhaps as a temporary resource in a very few special cases. I am aware that many have been worn with comfort to the patient at the time, but a radical cure is seldom attempted and more rarely successful; ulcerations and other complications ensuing while the symptom of malposition remains, rendering the sufferer miserable indeed. The reasons are obvious, but I will cite one or two. First. Each pelvis is possessed of as much individuality as the human countenance, and what might perfectly fit in one case, comes far from it in another. With as much propriety might a dentist make plates for the mouth from a uniform pattern, as to make pessaries in that manner, expecting them to be generally applicable in practice. Second. An adjustment may be secured by the use of flexible material, the chief of which is gutta-percha, but every portion of mucous surface coming in contact with it is deprived of the air so necessary to healthy function, and prevented from discharging its normal secretions, hence engorgement and finally ulcerations ensue.

Abdominal supporters may answer a temporary purpose, provided they are sufficiently elastic to imitate the action of the abdominal muscles, but are not sufficient for a radical cure, because at best they are an imperfect substitute, and the natural supports being supplanted, the forces which incite them are gradually withdrawn, leaving them emaciated and incapable of resuming their functions when required.

Uterine displacements being an effect and not a disease, a radical cure can only be accomplished by the removal of the cause, of which malposition of the womb is one of many effects, and the means employed must be chiefly hygienic and therapeutic. In the woman's hospital to which reference has been made, the chief dependence is upon constitutional treatment, especially exercise in the open air, and such therapeutic agents as promote digestion of nutritious food. The topical treatment is chiefly warm water injections, continued a quarter of an hour or more, to subdue local inflammation and carry off morbid secretions, to which are sometimes added a small quantity of some disinfectant. Uterine supports when walking, are made of a ball of cotton, shaped something like a half grown mushroom, saturated with glycerine, and a cord attached for convenience of removal; sponge tents are sometimes used to absorb the secretions and support the parts, but in cases of considerable irritation or ulceration they cannot be borne. In hopeless cases, when a pessary is thought best for relief, it is fitted to each particular case from a measurement made with the same care that a dentist fits a plate into the mouth on which to insert teeth.

A lady specialist in Fairhaven, Conn. is very successful in the treatment of displacements and diseases of the womb and female genital organs. Her patients number from ten to forty per day, who come from all parts of the United States, and include the higher ranks of social life, many of whom have been under the treatment of some of the most eminent M.D.'s, of our large cities, and are cured or very much benefited by her. She uses nothing but a sponge for support and gives some simple tonic. Her family physician, who is my informant, is one of our school, and is often called upon to prescribe for her patients also.

We have abundant testimony in favor of the therapeutic effect of medicine by the law of similars, many apparently hopeless cases having been cured thereby, some in my own practice. But I have already trespassed too long upon the time

of this society to give any of their details, and I feel assured that every one who will diligently search for and apply the similimum, and adopt proper hygienic and dietary regulations, will be amply rewarded in this as in all other morbid conditions of the organism. Malpositions of the uterus are just as amenable to drug action as any other symptom, and when we divest our minds of the mere mechanism of the pelvic organs, and direct our attention more to the power which incites their functions, we shall be more successful in the treatment of their lesions.

CLINICAL CASES.

BY E. W. BERRIDGE, M.D.

I. CAPTAIN —, six years and a half ago, kissed a child suffering from scarlatina, and felt it burn his lips. In a few weeks had boils on back; after this, became costive; once he fainted and bruised his forehead; during the faint, had an involuntary stool; soon erysipelas appeared on the bruised part of the forehead, then spread all over the face; also came out on scrotum and adjoining surface of penis, which suppurated. He has had four or five bad attacks of erysipelas since, and three or four light ones. Since these attacks have come on, his sight for near objects has become impaired; it formerly was excellent, both for near and distant objects. The present attack came on January 12th, 1873, possibly from being in a new damp house. About noon, he felt a shock in left external orbital integuments; red erysipelatous swelling began there, and extended all over face, eyelids, forehead, chin, and neck; also on scrotum. Never had it on neck and chin before. Vesicles form and exude a fluid which leaves yellow stains on handkerchief. The affected parts burn and itch; *when lying*, at each beat of heart there is throbbing *centrifugally* in the inflamed integuments of face and forehead. Any moisture to the skin brings out the erysipelas there, as it always has in these attacks. Must scratch the parts, which causes an "agonizing pleasure." The scratching of scrotum causes sexual pleasure, and an escape of semen which weakens him. Photophobia. Very restless all last night, no sleep; walking about, stamping, shaking arms, and striking about. To-day (Jan. 14th) swelling increased; large yellow crusts

from the discharge on chin. Scrotum worse. Eyelids closed from swelling. Itching and burning worse. Throbbing still. Hands and feet cold. Pulse 50, intermitting in volume and rhythm. Burning and itching are worse from warmth. He has had the best allopathic treatment in former attacks, both here and in India, but they always made him worse, by applying moisture, and keeping him on low diet. One allopath said that, after examining all his books, he could do nothing; and they all said it was an extraordinary case. He has lost all confidence in doctors, even homœopaths, because a notorious London pseudo-homœopath (who uses blisters and other allopathic measures) failed to cure him of chronic dysentery, which he afterwards cured himself.

I gave him *Rhus tox.*^{2m} (Jenichen) in water, a spoonful every hour till better; the first dose at 2.30 P.M. Nourishing diet, and wine and water. 3 P.M. Has had four doses. *Improved after first dose*; itching, burning and discharge much less. Throbbing almost gone. Pulse 60, more regular. Less swelling. Extremities still cold. *Stop medicine.* 15th, 3 P.M. Slept well last night. Natural stool. Much less swelling; only slight itching and burning. Scrotum better. Can bear light. Extremities still cold. Pulse 72, regular. No other symptoms. Says he has got well in one-third of the usual duration of such an attack.

22d. Steadily improved, and to-day went out of doors for the first time; enjoyed it, but felt very weak. It was a cold day. Felt better on coming into a very warm room. Went to bed in a very cold room. Soon the face felt hot; then followed itching and burning, and soreness at outer corner of left orbital integuments, which extended all over face, just as before, but less. Pulse 72, feeble. Scarcely any sleep last night, but could lie in bed. Scrotum as before, but not so bad. As *Rhus rad.* had been pronounced by an excellent authority, Dr. Carroll Dunham, to be the same in species and medicinal properties as *toxicodendron*, I now gave *Rhus rad.*²⁰ (Leipzig) in water ever two hours.

23d. After four doses decided relief, and stopped medicine for a time, but took another dose at noon. Had itching on face and head last night, which disturbed sleep. To-day not much burning, but some itching. Semen escaped as before. Pulse 72, rather feeble. Can bear light. Itching and burning are worse after food. Itching all over body more or less. In three or four days got quite well, and has remained so

(Jan. 16th, 1874). He now has perfect confidence in *Hahnemannian* homœopathy. It will be noticed that *Rhus*^{2m} acted more rapidly than 2^c, though the symptoms were more severe.

II. August 14th, 1873. A youth about 14 years old. 9.30 P.M. Since 2 P.M. has had a superficial abscess just above root of nail of right little toe, with pain as if a hot iron went into it on raising foot from ground in the act of walking. Walks with very great difficulty from it. For a week, watery stools, three or four a day, but there would be a dozen if he yielded to it; none in night, but comes on directly after rising from bed, so that he has scarcely time to dress; standing increases diarrhœa; sitting down stops it. With the stool, pain in bowels, which causes dyspnœa, sweat, and faintness. Objects seem to move up and down. To-day, when reading, could once only see the left half of the line of writing. Poultice to be applied to toe; perfect rest; a dose of *Coccul*^{em} (Fincke) at once, and after every diarrhœic stool.

15th. Felt slight urging this morning, and took a second dose. In evening toe nearly well; abscess dried up without discharging. No more diarrhœa, but natural stool. Sight natural. Very little pain or faintness. Got quite well.

N.B. This *Cocculus* was prepared by Fincke from a tincture I sent him made in India from the *fresh* berries. The tincture was procured by our principal London homœopathic chemist, Mr. A. Heath.

III. July 26th, 1873. My son, aged about three months, had had diarrhœa and sickness four days, relieved by *Sulphur*^{em}, and afterwards *Podoph*^{2c}. At 6.45 P.M. I found him much worse; diarrhœa watery, greenish-yellow, offensive, forcible, frequent. Sleeps with eyes half open. Sunken face and eyes. Vomits food forcibly even through nose, frothy, sour, curdled. Half unconscious. Right thumb clenched in the hand. I gave him one dose of *Æth. cyn*^{1m} (Jenichen), and as I considered him in danger, requested Dr. David Wilson to see him.

11.10 P.M. Dr. Wilson saw him. There had been no more diarrhœa. Vomited three times, second and third time severely; after the second vomiting (at 9.50 P.M.) had another dose of *Æth. cyn*. *Anterior fontanelle much depressed. Rotatory movement of right arm*, and a little with left. Ears and hands cold. Face bluish and sunken; eyes sunken. Half unconscious. Staring. Thumb still inclined to be clenched. The illness apparently arose from intensely hot weather a few

days ago. Dr. Wilson considered him to be in great danger, and prescribed *Camphor* every twenty minutes, till the convulsions ceased. He accordingly took *Camphor*.^{1m} (Jenichen) in water, which I gave myself every twenty minutes, repeating the dose sooner on one occasion, when he really seemed dying.

12.40 A.M. Has had five doses, and is now quiet. Two stools, green watery. 4 A.M. Diarrhœa green, but not so watery. Has been sick twice as before. 10.15 A.M. Eyes a little open during sleep. Takes food well. Slight sickness. Ears and left hand warm, right hand cold. No stool. Takes more notice. Cries if moved. Fontanelle natural. Face natural. 3 P.M. Weak, but otherwise well. Has only had five doses of *Camphor*.

Dr. Wilson advised me to study *Croton* should the diarrhœa return, and *Calcareæ* in case of sickness. The result proved the accuracy of his observation; the diarrhœa returned and was cured with one dose of *Croton*^{cm} (Fincke); after which the sickness returned and was cured with one dose of *Calcareæ*^{107m} (Fincke). This case conclusively proves the efficacy of high potencies even in the most acute cases, and moreover, that even a volatile medicine like *Camphor* does not lose its power by potentiation.

IV. Oct. 28th, 1872. Mrs. —, æt. 44. For seven weeks, œdema of right leg and foot. Burning in right foot and front of lower leg. Throbbing in right sole. The affected parts are sometimes red. Warm water relieves the pains. Shooting pain from outer malleolus, along sole to toes and up tibial region. Foot more painful and swollen in wet weather. Subject to rheumatism in back and right hand in wet weather. Left leg is œdematous, but no pain. The pain and heat are worst in outer malleolus, where it feels as if pieces of bone were forcing through the skin. *Arsen*.^{103m} (Fincke) in water, three times a day.

31st. Pains worse up to 29th, better afterwards. Shooting less often; burning and swelling less. *To stop medicine*.

Nov. 4th. No burning for three days. Throbbing much better till to-day, when it increased somewhat. Shooting and swelling much less. No redness for two or three days. Can walk much better.

7th. No more burning. Throbbing gone since 4th. Less shooting and swelling. Walks much better. Has been able to wear a tight boot.

11th. A little throbbing this morning; none else. No

shooting or burning. Much less swelling. Foot feels as if it would not bend.

14th. No pain of any kind, except in tibial region. Ankle stronger. Swelling nearly gone, pits slightly on pressure. Foot still feels as if it would not bend.

19th. Only a little pain in evening. Foot bends better.

29th. Only slight oedema of right leg. Ceased attendance.

V. Miss —, æt. 18. For one or two years has had dysmenorrhœa. During menses has intense pain in abdomen, like something pressing on a sore place; it continues the first part of the period, and sometimes returns. Feels at these times as if she would like to die. The last time was very severe. *Murex purpurea*³⁰, three doses. The pain did not return.

VI. Mr. —, for twelve years, at times, has had attacks of vertigo as if pushed *from right to left* and *somewhat forwards*; the attacks have been troublesome for a month or so. One dose of *Borax*^{cm} (Fincke) was given. The attacks ceased at once, and he had only two or three attacks afterwards, arising from great mental exertion or worry. Cured.

CASES FROM PRACTICE.

BY WM. R. CHILDS, M.D.

(Read before the *Homœopathic Medical Society of Pennsylvania*, October, 1873.)

I. MR. J. F., æt. 35. Sanguine nervous temperament. Had suffered from chronic diarrhœa for over two years, during which time he had been under allopathic treatment, having taken the usual blue-mass, quinine, opium, whisky, nitric acid, bismuth, and in fact exhausted nearly all the resources of the allopathic armamentarium medicum. Spent one season at the Sulphur Springs, in Virginia, with no relief. His appetite during his illness was very voracious, always being ready for his meals, yet he became so emaciated and feeble that it was with difficulty he was able to attend to his business, which required him to be in the open air a great deal.

The desire for stool came on the first thing after rising in the morning, with considerable rumbling and discharge of flatus. His bowels were moved five or six times a day. The

first stools were yellow in color, thin, and fermented. The stools increased in consistency until the last one at night was nearly natural.

Could not sleep well at night; would go to sleep when first going to bed, but would wake in a short time and lie awake until some time after midnight. Was not restless but could not get to sleep. During the first few days under treatment he received *Nux vom.*³ to remove whatever drug symptoms were present. While taking the *Nux vom.* he said it made him feel more like himself than he had felt for a long time. Seven days after, he received *Lycop.*³, which relieved the rumbling in the bowels and also the wakefulness, and under which there was a general improvement of his condition. Some gastric symptoms calling for *China* appeared, and *China*³ was prescribed, under which the bowels returned to their normal condition and the appetite became more moderate. In four weeks after coming under treatment he was discharged cured. Three months have elapsed since the last prescription, and he reports himself well in every particular.

II. Miss R., æt. 19. Of scrofulous diathesis. Had an eczematous eruption, resembling psoriasis, for seven or eight years. Had tried everything, and wanted to know whether homœopathy could do anything for her. General health has always been good. The eruption presented the different stages of eczema, on different parts of her person, the extremities were more covered than the body. The eruption though paling at times, had never disappeared altogether. Beyond a slight itching of the eruption at times, and its appearance on her face, it gave her very little annoyance. Owing to the paucity of symptoms, *Graphit.*^{2c} and *Calc. carb.*^{2c} were prescribed at intervals, but with no improvement. *Sulphur*³⁰ was next prescribed, and in a few days she returned, saying that it was worse than ever before. It improved a little for a time, but the thirtieth seemed to exhaust itself, and she received *Sulphur*^{2c} for a time, when, no further improvement showing itself, the 55^m at long intervals cured her entirely. It is eight months since it disappeared and she has had no return.

COMPOUND FRACTURE OF THE TIBIA AND FIBULA,
INVOLVING THE ANKLE JOINT. RECOVERY.

BY J. H. M'CLELLAND, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1873.)

JAMES F. Street, æt. 47. While working in a coal mine on June 20th, a large piece of "horse-back" slate fell from the roof of the mine, striking him on the back of his head and shoulders, knocking him down, the piece of slate falling upon his right leg, just above the ankle joint, causing a compound fracture of the tibia and fibula, with the fractured ends of the bones protruding well from the lacerated wound.

His injuries were attended to by some doctors near the scene of the accident. Two weeks afterwards he was brought into the Homœopathic Hospital to have the leg amputated.

I take the following abstract from the hospital records:—
July 4th. The leg is partly encased in a badly constructed plaster of Paris bandage. The leg and foot much swollen, partly from the poor application of the bandage. There is a large wound on the inside of the leg, just above the ankle joint, an inch and a half wide by two and three-fourths long, the fractured ends of the tibia are exposed to view and denuded of periosteum, the injury involving the ankle joint allowing the escape of the synovial fluid. The wound is in a horrible condition, being fairly alive with maggots, which are discovered in great numbers in the ankle joint and the medullary cavity of the tibia.

The plaster bandage was removed and the wound cleansed as well as possible with carbolic soap and water. Finding the maggots so fully in possession, carbolic acid and water, 1 to 100, was injected into the wound, but did not serve to dislodge the larvæ, whereupon the fluid was made 1 to 10, which destroyed them immediately. The injection was continued until no more maggots could be seen in the wound, yet they continued to appear for several days.

The leg was well bandaged and a Day's exterior leg splint applied. The general opinion expressed was unfavorable to the saving of the leg, but it was deemed best to improve the man's general condition and at the same time attempt to save the limb.

July 6th. The wound is again injected with carbolic acid and water, and oakum applied to absorb the discharges and

disinfect the wound. Receives a dose of Calc. phos.^{2o} every day. Appetite improving and sleeps much better.

July 11th. Applied a modified splint, formed by fastening a strip of sheet zinc about ten inches long by two inches wide at a right angle to Day's exterior splint, forming a rest for the heel, ankle and leg. This splint, properly cushioned with cotton batting, was applied to the leg and foot by means of adhesive straps, which allowed free access to the wound and escape of discharges. By means of this splint the parts were kept in correct apposition, and the leg could be raised without disturbing the fragments.

July 12th. Complains of burning pains shooting up the leg, preventing him from resting.

July 13th. Wound looks very erysipelatous. R. Rhus tox.^{3o}, three hours.

July 14th. Wound looks much better, pains in leg also relieved.

July 17th. Carbolized putty applied to wound. R. Calc. phos.^{2o}, one dose.

July 27th. Wound closing up fast. Says the putty is very agreeable to the wound.

Aug. 16th. Out of bed and around on crutches. Continued the application of carbolized putty. R. Calc. phos.^{2o}, one dose.

Sept. 2d. Improving rapidly, and it appearing that union has taken place, the splint is removed and the leg bandaged. There is a slight discharge from a very small fistulous opening over the seat of fracture. R. Silic.^{6m}, one dose.

Sept. 20th. Has dispensed with his crutches. There is slight motion in the ankle joint and the union seems complete.

This case is worthy of notice from the proximity of the injury to the ankle joint and the implication of the latter. The lower fragments were very small, rendering it difficult to keep them in apposition, the fractures extending into the joint, evacuating the synovial fluid. The wound was very open, exposing considerable bone uncovered of its periosteum, and the whole appearance of the wound and the discharges unfavorable. In fact, in a case which appeared to be exactly similar, I was compelled to amputate after a prolonged effort to save the limb.

COMPOUND COMMINUTED FRACTURE OF THE TIBIA
AND FIBULA, JUST ABOVE THE ANKLE.

BY CHAS. A. STEVENS, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1873.)

CHARLES G., a lad of 13 years, was run over by the street-cars, at Scranton, in Nov., 1867. Both the tibia and fibula were crushed and the integument severely lacerated. Several pieces of the bone were taken out, but a number of pieces that were attached to the integument were adjusted and the limb placed in a bran box, the foot being firmly secured to an upright, at the lower extremity of the box. After adjusting the parts as nicely as possible, wheat bran was put into the box surrounding the limb, and the patient made as comfortable as the injury would permit. The patient was kept on the fracture bed for about four weeks, when the limb was removed from the fracture box and very soon he began to use it, though two or three fistulous openings remained, through which issued small spicula of bone. About six months from the time of injury he was able to walk about comfortably and soon regained and now has perfect use of the limb.

I desire in this connection to say that I feel greatly indebted in this case to the aid of my worthy friend, Dr. B. H. Throop, of Scranton, surgeon of no little repute in that community and a prominent member of the Luzerne County (allopathic) Medical Society.

SKIN GRAFTING.

BY L. H. WILLARD, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1873.)

THIS case occurred in the Pittsburgh Hospital, during my term of service, with Dr. Caruthers as assistant.

In consequence of secondary amputation, a large slough took place, which left, denuded of integument, a space the size of the palm of the hand. Dr. Caruthers tried skin grafting, which resulted successfully. Taking three pieces of integument, the size of two pin points, from his own arm, and scarifying the denuded surface, he applied these grafts, at small distances apart, retaining them in position by adhesive straps. These straps were left undisturbed for several days, when, on removing them, only one graft was found in a

healthy condition, and this one, for several days after, seemed also lost, but finally was found to be making some headway. The sound skin surrounding the granulating surface did not show any disposition to cover it. The stump remained in this condition when Dr. McClelland took charge of the surgical ward, and Dr. Buffum, his assistant, proposed the trial of the galvanic battery, which method was adopted, in the following manner:—

A piece of thin sheet silver was placed upon the granulating surface, and connected by an insulated copper wire to a plate of sheet zinc placed upon the thigh several inches from the stump, and the current applied. Within forty-eight hours the battery was removed, and not only was the graft found rapidly increasing in size, but projections from the surrounding skin were also observed, and in three weeks the surface was entirely covered with sound integument.

CASES IN OBSTETRIC AND GYNÆCOLOGICAL SURGERY.

BY MALCOLM MACFARLAN, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, October, 1873.)

1. *Mammary Cancer.* Mrs. A., æt. 54. *Scirrhus of the right breast*, in a state of ulceration. The growth has been noticed for over a year. Axillary glands not affected. Excision, August 12th, 1864. No return of the disease so far as I know.

2. *Mammary Cancer.* Mrs. B., Norristown, Pa. Cancer of the right breast; has been noticed for a year and a half. In a state of ulceration. Axillary glands affected. Excision, January 11th, 1869. Died in six months after the operation.

3. *Mammary Cancer.* Mrs. —, of Wilmington, Del., a patient of Dr. Tantum. Hard cancer of the right breast. Excision, January 17th, 1870. Patient died on the evening of the day of operation, from secondary hæmorrhage.

4. *Mammary Cancer.* Miss V., Hatboro, Pa., æt. 60. Open hard cancer of the left breast. Excision, July 4th, 1870. No return of the disease as yet; have heard from her quite recently.

5. *Mammary Cancer.* Mrs. W. Hard cancer of the right breast. First operation, August 12th, 1871. Glands were affected. Operated three times. Patient died within a year.

6. *Mammary Cancer.* Mrs. S. J. M., æt. 35. Hard cancer of the left breast, the glands being involved. Patient was so far gone with the disease that she was in a state of insensibility when I was called. Excision, Dec. 25th, 1871. Patient lived for five months afterward.

7. *Mammary Cancer.* Mrs. Margaret A. M., æt. 50. Open bleeding cancer of the left breast. Operation, October 20th, 1871. Favorable recovery. Was doing well when heard from recently.

8. *Mammary Cancer.* Mrs. S., æt. 55. Open bleeding fungus of the left breast. Operated March 18th, 1871. Returned. Operated again five months later. It has again returned, and will soon prove fatal.

9. *Mammary Cancer.* Mrs. G., æt. 45, Camden, N. J. Open fungus (bleeding) cancer of the right breast. Was very low, almost moribund, when I was called. Operation, Sept. 11th, 1872. Disease has returned, and she is at death's door.

10. *Laceration of the Perineum.* Mrs. Kate H., æt. 20. Primiparæ. Tedious labor. Laceration of the perineum, including two inches of the recto-vaginal septum. Operation, April 1st, 1869. Pared the edges of the laceration and united with wire sutures. Successful.

11. *Laceration of the Perineum.* Mrs. G. M. H., æt. 25. Laceration of the perineum; the internal sphincter only involved. Operated, May 15th, 1869, as above. Successful.

12. *Laceration of the Perineum.* Mrs. T., æt. 27. Delicate and weakly woman. Tedious labor. Was confined to bed for several months before the operation, in consequence of loose bowels. Operated, April 29th, 1870, as above. Successful.

13. *Laceration of the Perineum.* Mrs. E. McQ. Laceration occurred six and a half years previous to the operation. The woman was very much broken down and in a wretched state of health. Operated, Jan. 27th, 1872, as above. Failure, owing to want of recuperative energy.

14. *Laceration of the Perineum.* Mrs. R., æt. 25. Had very difficult labor. Laceration extensive and serious. Operated, June 13th, 1872, as above; removed pieces of tissue and divided the sphincter. Result perfectly successful.

15. *Cancer of the Uterus.* Mrs. M., the mother of a homœopathic physician. Degenerated fibrous cancer of the uterus. Introduced a canula and drew off a pint of thin bro-

ken down cancerous material. The patient died March 29th, 1870.

16. *Rupture of the Uterus—Gastrotomy.* Mrs. H., æt. 25. Primiparæ. Was called in great haste in consultation. Performed the Cæsarean section the moment of my arrival, which was just as the death of the mother had taken place. The operation was not successful, the child being dead when removed. Had been a face presentation.

17. *Gastrotomy for an Ovarian Cyst of long standing.* Mrs. S. C. W., æt. 70, of Downingtown. Had an ovarian cyst of long standing. Made a simple and straight abdominal incision, emptied the sac, and kept up the drainage. The operation was successful and the woman appears to be well.

ANNUAL MEETING OF THE ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY J. H. BUFFUM, M.D., SECRETARY.

Homœopathic Hospital, Pittsburgh, Dec. 12th, 1873.

MEETING called to order by the President, Dr. L. M. Rousseau. There were present the following members: Drs. L. M. Rousseau, J. F. Cooper, M. Côté, H. H. Hofman, J. H. McClelland, J. C. Burgher, C. F. Bingaman, W. F. Edmundson, C. P. Seip, R. E. Caruthers and J. H. Buffum.

Minutes of last meeting read and approved. On motion the report of censors was postponed until later in the evening.

DR. CÔTÉ, the Treasurer, read his report, which showed a balance of \$19.58 in the treasury. The report was accepted and referred to the auditing committee.

DRS. MCCLELLAND and BINGAMAN were appointed auditors, and reported the accounts correct. The report of the auditing committee was accepted and filed.

DR. CÔTÉ also presented a report on the condition of the fund for the relief of Mrs. Reichelm, the widow of Dr. Reichelm, the pioneer of Homœopathy in Allegheny County. The report was accepted, and Dr. Côté continued as financial agent of the above mentioned fund.

DR. J. H. BUFFUM, of committee on Society Paper, reported progress.

It was moved and carried that the Society proceed to the election of officers for the year 1874.

DRS. W. F. EDMUNDSON and H. H. HOFMAN were appointed tellers.

The balloting resulted in the election of M. Côté, M.D., as President; J. H. McClelland, M.D., as Vice President; C. F. Bingaman, M.D., as Treasurer; J. H. Buffum, M.D., as Secretary.

DRS. J. F. COOPER, J. C. BURGHER, and H. H. Hofman, were then elected Censors for the coming year.

DR. SEIP exhibited two salivary calculi, from Wharton's and Steno's ducts, which were examined with interest by the members present.

DR. J. H. BUFFUM was appointed essayist for the month of February.

On motion adjourned.

ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY J. H. BUFFUM, M.D., SECRETARY.

Homœopathic Hospital, Pittsburgh, Jan. 9th, 1874.

PRESENT, Drs. M. Côté, L. M. Rousseau, R. E. Caruthers, W. R. Childs, J. F. Cooper, J. H. McClelland, W. F. Edmundson, C. P. Seip, and J. H. Buffum.

The President, Dr. Côté, on taking the chair, thanked the members for the honor they had conferred upon him, and made the following remarks:

"The object of this Society is to promote the advancement of homœopathy, and the advancement of its members in the knowledge of its science.

Union of purpose among ourselves is the power which will secure our object. We have individually passed through severe ordeals on account of our principles in the practice of homœopathy; but in the same time we have individually contributed to form a reputation for our system of practice in Allegheny County, which we can be justly proud of. The union of purpose in our separate practices has been to prove the superiority of our system to cure diseases over the official school of medicine. So much so, that to-day, in the eyes of an intelligent public, we can say, without presumption, that we hold an enviable position as a medical school; that we command influence and power; that our allopathic friends realize the situation, and have awakened to the danger which threatens their school.

The practice of homœopathy in this county has fulfilled a mission greater than any of us can realize. After thirty-six years of toil to maintain the principles of *similia similibus curantur*, amid the misrepresentations, the oppressions and the sneers of our opponents, we have been able, notwithstanding all, to command at last the greater share of the practice among the intelligent and wealthy classes of this county.

Our position now is a high one; the public opinion is with us, and through our success have we gained its influence.
* * * But, gentlemen, we must not become too much elated with our success, and rest upon our trophies; on the contrary, we should feel encouraged to further efforts. We have a Hospital and Dispensary which do honor to the medical school of Allegheny County and its believers. Let us enlarge our hospital and establish dispensaries in various parts of our cities. We have done well in the past; let us do better, if possible, in the future. We have materials among ourselves which, I am proud to say, can not fail to succeed if we unite to carry out our plans; and should our progress in the future be as great as it has been in the past, we must ultimately triumph and eventually become the recognized school of medicine."

The President's remarks were well received, and suggestions made by him were acted upon by the Society.

DIPHTHERIA.

DR. I. B. CHANTLER, the essayist of the evening, read an interesting paper on *Diphtheria*, which was accepted, with the thanks of the Society.

DR. CHILDS recommended the use of the permanganate of potash, crude, one grain to the ounce of water, given in two-teaspoonful doses every fifteen minutes, if necessary. Had found it useful in cases where there was ulceration and supuration with a very fetid odor, an almost gangrenous condition of the throat. Considered that in these conditions it was antiseptic, if not homœopathic.

DR. COOPER. At a meeting of the Western Institute, a partial proving of the permanganate was read, with the recommendation that it be used in diphtheritic or membranous croup. He had used it, but had not had the success in its use that he had anticipated from hearing the proving read. Had used a solution of the drug, and if he found that it irritated the

tender surface of the throat, he would dilute it still more. Found it useful in ulcers which had a very fetid odor.

Used *Phytolacca* where there was swelling and engorgement of the glands about the neck. Had used it not only in diphtheria, but also in croup.

In one case where he was giving *Phytolacca*, he stopped its use when he thought another remedy was better indicated; the patient grew rapidly worse, and again improved under the use of the *Phytolacca*. Generally used the 6th potency.

DR. EDMUNDSON reported the case of a young man who came to the office with swollen glands, tonsils swollen and covered with grayish patches; complained also of dizziness and back-ache. Prescribed *Phytolacca*⁶ every two hours. Felt much relieved after taking three doses, and in twenty-four hours the membrane had disappeared, and patient said he felt pretty well.

DR. SEIP thought that in those cases which were able to come to the office during an epidemic, and in which *Bryonia* was generally indicated and cured, it was very difficult to determine in the first few days whether they were suffering from Diphtheria or only a bad cold, and whether the membrane would have formed or not if the *Bryonia* had not been given.

During an epidemic of Diphtheria, while on his way to visit some patients in the country, he broke the vial containing the *Phytolacca* he had with him. Finding on examination of his patients that *Phytolacca* was indicated, he procured some roots of the *Phytolacca* from a neighboring field, had a decoction made, and used it as a gargle. Under this treatment all recovered, and *Phytolacca* became quite famous in that region as a remedy for Diphtheria.

DR. COOPER remarked, that in all complaints that depend upon blood poisoning, we have similar precursory symptoms, so that until the peculiar indication of the disease, as the membrane in Diphtheria or the rash in Scarlatina makes its appearance, it is very difficult to make a correct diagnosis. Reported a case of Diphtheria which he had treated in which the membrane was developed in a wound of the knee only.

DR. CHILDS had used *Arum triph.* when there was a congested appearance of the throat, and the constitutional symptoms of Diphtheria, and in many cases believed that he had cut short the disease before it was fully developed, by the use of this remedy.

DR. SEIP said it was difficult to tell whether cases would

develop into Diphtheria, as many cases are abortive any way.

DR. McCLELLAND. Where an epidemic is prevailing, all who exhibit the symptoms of the prevalent disease, show a strong probability of having the same, although many diseases manifest similar symptoms in the beginning. Hence, when remedies are given to such cases and the disease is cut short, we are inclined to ascribe some virtue to the medicines.

Had used *Arum triph.* with success in cases of Diphtheria with Scarlatina. In one case he was then treating, in which the child's mouth was red and watery, acrid discharge from the nose, and picking of the lips and mouth, with some urinary trouble, he gave *Arum triph.*³ and the child passed large quantities of urine; and the chronic spasms of the arms and hands, the thumbs being drawn in, were gradually passing away under the use of *Arum*. The glands of the neck becoming swollen, gave a dose of *Silicia*²⁰⁰ at night and continued the *Arum* during the day. Under this treatment the child was gradually improving.

Differed from the essayist in the use of port and sherry wines, and thought where stimulants were needed, alcohol or pure whiskey would better fill the requirements.

Had used diluted alcohol as a gargle, with good results. Also used liquor calcis chlorinatus, 1st dilution, as a gargle, but thought where anything is desired hot water was better, as the patients seemed to feel much easier after gargling the throat well with it; it does not irritate the ulcerated throat, but on the contrary seems very soothing, and has a tendency to reduce the heat and swelling.

DR. COOPER said he had not had the success in the use of liquor calcis chlorinatus that he had anticipated from reading Neidhard.

In the treatment he seldom used *Aconite* or *Belladonna*, but found *Lachesis* and *Rhus tox.* more often indicated. Had used *Merc. jod.* in a few cases, but did not think it reliable in many cases.

DR. McCLELLAND. In a number of cases, with mucous patches in the throat, swollen glands, more often the right side, with the aching, feverish condition of *Mercurius*, he had given that remedy with prompt relief. But did not consider them cases of true Diphtheria, as they were usually able to come to the office, and did not present the prostration, etc., of true Diphtheria.

DR. COOPER. Used Kali chlor. and Kali bichr. in cases where there was considerable discharge from the nose and considerable fetor. Arsenicum where putrid symptoms were developing or developed. Sometimes used Ars. hydr., and Arsen. jod., and did not confine himself to any set of remedies, but always endeavored to find the true similimum.

DR. CÔTÉ said, that in true Diphtheria he had found Kali bich., 2nd and 3rd trit., more useful than most any other remedy. Use a strong diet and stimulants from the beginning; and unless you commence at the first intimation that you have of the disease, you will be apt to fail, as it is very hard to compel the patient to eat when the disease is developed. Give broths, soups, cream, milk, oranges, and oysters, raw or stewed.

DR. COOPER thought he had never seen a decided benefit from the use of stimulants; but thought that alcohol being a general solvent, might be used with success.

Had generally lost those cases where he had used stimulants. Had had two fatal cases this year, and to both had given liquor. In one case the membrane disappeared, and the patient could swallow, but the stomach rejected the food, and complete anorexia followed.

DR. CÔTÉ. If you wait until the poison is absorbed by the system, the strong diet and stimulants are of no use; but if you begin as soon as possible on the appearance of the membrane, your chances of success are good.

DR. McCLELLAND thought there was little danger in the use of the strong diet at the beginning, before the appetite had been lost; but afterwards it was too late, as the stomach could not digest the food, and it must be rejected.

DR. CÔTÉ. When the membrane appears, it shows that nature is trying to throw off the disease, and as the strong diet sustains the patient, it assists in throwing off the disease.

Never uses gargles now, although formerly he thought they were beneficial.

Owing to the lateness of the hour it was moved that the discussion close. Carried. Dr. Rousseau appointed essayist for March.

On motion, adjourned.

Social Gathering.

THE President of the Allegheny County Homœopathic Medical Society, Dr. M. Côté, entertained the members of the Society and their wives (where they had any) on Thursday evening, January 22d, 1874, at his residence. The Doctor welcomed the members of the Society in a few well-timed remarks. The entertainment was varied by music, singing and dancing, and judging from the smiling faces, we should say that all enjoyed themselves well. The graceful manner in which some of the older members of the Faculty tripped the "light fantastic," was really refreshing. After supper had been served, Dr. J. H. McClelland, the Vice President, called the assemblage to order with a few happy remarks. Short addresses, pertinent to the occasion, were then made by Drs. Cooper, Cowley, Rousseau, Childs, Willard, Burgher, Buffum, and Schnucker. After the exchange of fraternal greetings, and with expressions of cordial appreciation of the entertainment, the members dispersed.

TRANSPLANTING THE SKIN OF A WHITE PERSON UPON A MULATTO.

BY J. C. BURGHER, M.D.

THE operation of skin grafting, although of recent date, is familiar to every surgeon. The merit of the invention belongs to M. Reverdin, of Paris, and the promptness of its adoption to Dr. Pollock, of St. George's Hospital, London, in the year 1870. It is well known that the loss of integument often constitutes the most important and troublesome feature in the repair of open chronic ulcers, in the extensive granulating surfaces resulting from burns, and in the large denuded wounds which follow accidents from machinery, explosions, etc., where the loss of skin seems to paralyze all efforts at repair. Formerly amputations or other operations, more or less formidable, were performed, upon the conviction that no reasonable hope could be entertained of effecting cicatrization. The satisfactory results which have followed the numerous trials which have been made in every direction and by almost every surgeon, both in private and hospital practice, warrant the conclusion that the proceeding is one of the most successful and gratifying improvements in modern surgery. The

operation is very simple—the results wonderful. As usually performed, a small piece of healthy skin is clipped from the thigh, arm or some other convenient part of the patient, which is then divided and sub-divided into minute parts, the size of a millet seed, and in number according to the size of the open sore. They are then carefully introduced one by one under the granulations, at any distance apart which the operator may choose, and the operation is completed by retaining them in position by strips of adhesive plaster. In the course of a few days each graft becomes the centre of cicatrization, which spreads towards the circumference of the granulating surface or towards one another. A slight blueish ring is first noticed, which soon acquires the character of a thin cicatrix. So simple, painless, easily performed and beneficial has this operation proved, that most surgeons have adopted it as a common method of treatment in all cases of large granulating surfaces. But I had never heard or read of grafting the skin of a white person upon a black one, before trying the experiment myself in the Homœopathic Hospital of Pittsburgh, during my present term of service in that institution.

The history, progress, treatment and result of the case is transcribed from my hospital record, made at the time, and is as follows, viz. :—

Thomas Ross, mulatto, æt. 23, native, resident of the city, driver by occupation, was admitted to the hospital, October 27th, 1873.

History. Two days ago the patient was jostled from a heavily loaded iron wagon on which he was riding. In the fall his right arm was caught between a wheel of the vehicle and a large stone, lacerating the arm in a terrible manner, and receiving other injuries of a less serious character. He was immediately taken up and carried to the office of a physician near the place of accident, who applied a dry compress over the arm, and retained it by a figure of eight bandage, applied above and below the elbow, as a temporary dressing. On removing this first dressing, the arm presented an extremely offensive and repulsive condition. The careless manner in which the bandage had been applied, the time it had been allowed to remain undisturbed, and the consequent swelling of the limb, had so impeded the circulation, that the elbow and portion of the arm included in the bandage, was in a gangrenous state, while the hand and fore-arm were very much swollen, and the circulation at the wrist barely perceptible.

The wound was thoroughly cleansed by repeated injections and washings with a solution of carbolic acid, one part to ten of water, when the following condition was revealed: The arm was completely divested of skin on its ulnar and dorsal portions, from about four inches above the elbow to within two inches of the wrist, embracing nearly one-third of the circumference of the limb; the remaining portion of integument on the front of fore-arm was loose and ragged for an inch or more from the edge of the wound. The flesh was much bruised and lacerated, the elbow joint exposed, and its synovial fluid escaping, the olecranon process bare and denuded of periosteum. Pulse full and rapid. Applied a poultice of flaxseed meal and charcoal, and gave Acon.⁶, every two hours. The charcoal poultice was continued and renewed twice a day.

Nov. 3d. Acon. discontinued and Arnic. substituted. In spite of my best efforts considerable sloughing took place before the process of healing set in. At one time amputation of the arm, or at least excision of the elbow seemed unavoidable.

Nov. 8th. The swelling is very much diminished, and the sloughing arrested. Treatment continued.

Nov. 9th. Wound looks better. Appetite improving. Continue.

Nov. 10th. Doing well. Continue.

Nov. 11th. Healthy granulations springing up. Continue.

Nov. 12th. The loose skin has become adherent.

Nov. 13th. Improving. Discontinue medicine and poultice. Dress the wound with carbolic acid cerate, spread evenly over clean, soft old muslin, and envelop the arm in cotton wool, retained by roller bandage loosely applied. This dressing was daily renewed and continued, without medicine, up to November 17th, when I prescribed one dose of Silicia²⁰. The process of granulation was necessarily slow, but improvement was apparent from day to day. To expedite the growth of integument, I contemplated "*skin grafting*" as soon as the wound was sufficiently filled up to justify it. On dressing the injury the 25th of November, everything appeared favorable for the operation on the arm above the elbow, and I decided to perform it at once. While making the preliminary preparations, and selecting the points most favorable for applying the grafts, Dr. J. H. Buffum, who has rendered me valuable assistance during my present term of hospital service, suggested that white skin be used. I readily accepted the

proposition; not on account of any usefulness which it would add to the operation, but as an experiment of scientific interest. I readily obtained the consent of a white lad in the ward, under my care for a slight injury, to supply the material. I clipped from his arm a small piece of skin, divided it into four parts, and placed their flesh side foremost in the granulations, about one inch apart. Dr. Buffum, in the mean time, had in readiness the following ingenious device for retaining them in place: He cut out a circle two inches in diameter from a strip of adhesive plaster three inches wide, and long enough to encircle the arm; over this hole he placed a thin, clear, flexible piece of mica, and fastened it at the edges with narrow strips of plaster. This was so adjusted that the mica rested directly on the grafts and formed a window, through which their various changes might be witnessed without disturbance.

Nov. 28th. The grafts appear as mere points. The mica removed, and the constant galvanic battery applied over the grafts. I may remark here, that the battery used is very simple, and its action barely perceptible. It consists of a piece of sheet silver two inches in diameter, and a similar piece of zinc, connected by a small insulated copper wire of any desired length. The silver is placed on the grafts, and secured by adhesive strips, the zinc plate resting on the healthy skin and fastened in the same way.

Nov. 30th. Grafts have increased very perceptibly.

It is only necessary to say that the grafts increased from day to day, but always more rapidly on the days on which the battery was applied. Under the influence of the battery the increase in diameter was half a line per diem.

Dec. 6th. The olecranon has disappeared under the granulations. Slight motion of the elbow-joint. Fore-arm doing well. Grafts on arm look beautifully white on a black ground. The mobility of the joint increased, and by December 17th, the fore-arm was in a condition for skin grafting. At this date Dr. Buffum, who had taken so much interest in this case, snipped from his own arm a portion of skin, divided it into seven small bits, and transplanted them in the granulations of the fore-arm of the patient, and retained them by thin plates of mica applied over the circular holes cut in adhesive strips, as before described, one strip to each graft, so that the mica could be removed and the battery applied to any one desired without disturbing the others. The grafts which grew best, it may be well to notice, were those which were originally the smallest.

The grafts to which the battery was applied grew much more rapidly than those not subjected to its influence. The patient was discharged on the 28th of December, *after two months treatment*, with a good, serviceable arm. The motion of the elbow is not perfect, but is still improving. I saw him six weeks after his discharge, the injured arm still variegated with beautiful white patches.

In conclusion I may remark in reference to the transplantation of skin, that the smaller the pieces the more satisfactory the process. The natural effort required to maintain its vitality having a direct ratio to its size, the cuticle is separated from the larger pieces, the deeper structures seem to slough, and their adhesions to the granulations are imperfect. Hence, I recommend the employment of minute grafts.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBT. J. M'CLATCHEY, M.D., SECRETARY.

THE February meeting was held on the 12th inst. An unusually large number of members were in attendance to listen to a lecture on *The Cause and Treatment of Phthisis Pulmonalis*, by Dr. R. R. Gregg, of Buffalo, N. Y. The hall was well filled with an attentive audience, who gave marked attention to the lecturer. A brief synopsis of the lecture is herewith given.

The Cause and Treatment of Phthisis Pulmonalis.

DR. GREGG commenced with the statistics of Consumption, stating that about one-fifth of all mankind die of Tubercles in the lungs, and nearly one-third from the ravages of this agent upon the various organs. And the most startling of all the facts in this connection, he said, was that the losses by all Life Insurance companies, after they have excluded all applicants who have the least taint of consumption by inheritance, or otherwise, are *one-fourth* of the whole number insured, from this disease alone.

He then exhibited a chart showing the different stages of Tubercle, and from this passed to another whereon was shown the fact in illustrations, that neglected, or chronic inflammation, frequently developed tubercles. This view was also sustained by quotations from Virchow and Niemeyer. But, said he, although this is true, it does not give us the full and true

cause of this terrible scourge, for it is established beyond question that tubercles are frequently found when it is certain that they must have been developed without preceding inflammation. This compels us to go still further back for the cause, and at this point the Doctor stated that he made the most positive claim that the real cause of consumption had been discovered, and that this discovery harmonized with all previously known and all apparently contradictory facts, in regard to this disease, and opened a new field for research that is scarcely second to anything else that has preceded it in medicine.

By whom this discovery was made he thought of little matter to the vast throng of sufferers, if the facts were only developed so that all physicians could give their patients the benefit of the knowledge thereby obtained.

Here the Doctor also asserted positively that the true cause of consumption was to be found in the loss of Albumen from the system in the expectoration of the consumptive. All the mucous or catarrhal discharges from whatever organ, as well as the expectoration from the lungs, he said, was a waste of Albumen from the blood. The waste of this constituent left all other constituents in a relative excess in the blood vessels, which, because in excess, were then as foreign matter that must be expelled from the system or be deposited in the tissues to get rid of it from the blood vessels, otherwise death would much sooner ensue through the clogging or other derangements to the circulation. Both the expulsion from the system entire, or the deposit of such excess of the various constituents in the living tissues, cause disturbances and diseases corresponding exactly with the element so disposed of, and the organ through which expelled, or in which deposited.

The excess of water left, which is five and three-fourths ounces for the loss of one ounce of albumen, is at first expelled through increased action of both the skin and the kidneys, until it becomes too great in quantity to be thus managed, when it is thrown off in "night sweats," and when too great for this, and the vital forces are still further exhausted, it is effused into the tissues and causes dropsy. The blood is, besides, too watery all the time this waste of albumen is going on.

The red blood corpuscles left in excess (being seven ounces to one ounce of albumen lost), are distended from the disc to the globular by circulating in a too watery serum, have their coloring matter dissolved out of them, are made sticky by the change, so that they cling to the walls of the capil-

laries, and become congested therein, when, if deposited in great numbers and rapidly, they form an acute abscess, or if slowly and in less numbers, so as to give time for them to shrivel by giving up the water that distended them, then each individual blood corpuscle so charged, becomes a so-called tuberculous corpuscle. And here, said the Doctor, is the whole secret of this greatest mystery in medicine.

The excess of fibrin is disposed of in various ways, among which are its expulsion upon the surface of the pleura, causing the attacks of pleurisy, so common in consumptives, and the adhesions of that membrane. It is also poured out into the tissues around the mass of deposited corpuscles, and forms the impervious wall of the resulting abscess, which protects the surrounding healthy tissues from greater injury by the festering mass.

The excess of fatty matters causes oily perspiration, fatty deposits in the liver, so common in consumptives, fatty tumors and the like.

The excess of the salts leads to chalky deposits, stone in the bladder, etc., and to the enlargements of the joints in scrofulous subjects, bony tumors, etc.

Now all these various results, the speaker claimed, were nothing more nor less than the conservative efforts of Nature to expel the excess of the several constituents from the blood vessels, in order to preserve life much longer than could otherwise possibly be done under the then existing state of things. This fact is best exemplified, he said, by the retention in the vessels of the excess of fibrin, which sometimes happens. This constituent was represented as only a fraction over two parts in one thousand parts of blood, and yet, he said, so small as it was, if it were no more than doubled, or carried up to only five or six parts in the thousand, by retention of the excess, it would organize into clots which were sometimes large enough to fill one of the cavities of the heart, or block up the largest blood vessels, and cause instant death.

It would be equally, though not so speedily fatal, if the excess of water were retained. The blood would thereby be made so very watery that all the blood corpuscles would be decolorized and dissolved, causing certain death, as sometimes actually happens, he asserted, in cases of Bright's disease of the kidneys, when albumen is wasted through these organs.

Again, if the excess of blood corpuscles were retained, they would soon fill the vessels to the extent of rupture, ending in

fatal hemorrhages; or before this could be reached, the circulation would be so loaded and obstructed that the corpuscles could not be floated, and end in speedy stagnation of the whole circulating system.

In this view of the subject, the speaker went on to say, all the varied and diversified phenomena of consumption, no less than of several other diseases, were made one: that is, referable to one cause, and the whole placed upon as strictly a scientific basis as anything in the fixed sciences.

Next was passed in review a series of three charts, the first exhibiting the red blood corpuscles, and the change of these through decolorization into colorless corpuscles; then these were taken by the next chart through all their stages to dissolution, and the third chart took the tuberculous corpuscles through all the stages, from the earliest in which they had ever been recognized, to their final destruction under suffocation; the great result being that these two bodies were placed side by side, each upon a separate chart, and both shown to be exactly identical as a whole, and equally so in their several stages.

There were many proofs given in printed matter, on the charts, in addition to the illustrations, but of these we can spare space for only one, which was as follows, viz.: that a blood corpuscle has no nucleus, and a tuberculous corpuscle has no nucleus, and yet these are the only two kinds of cells in all animal life, in healthy or diseased growths, that are destitute of a nucleus.

The next interesting facts to which attention was called were presented upon a chart exhibiting the manner in which the cartilages received their nutrition, the blood vessels being excluded, and on this the statement that tubercles have never been found in cartilages, and no blood vessels exist in cartilages to carry decolorized corpuscles into them to make tubercles. Then followed the assertion that tubercles are found most frequently where the capillary blood vessels are thickest, as in the lungs, less and less frequently as these are sparser, until we come to the bones, which have the widest spaces between the vessels and are least ravaged by tubercles of any vascular tissues.

To close with the charts, the speaker presented still another, showing a great variety of cells, and the utter dissimilarity of each of these to the others, and of all to the decolorized blood corpuscles and the tuberculous corpuscle, while these were

then again pictured as identical. And to conclude the whole, he called for every objection to the theory that could be offered, saying that he was not only willing, but desired all objections presented, that the subject might be settled either for or against him as the interests of truth, and that alone, demanded.

So far as treatment of this dire disease is concerned, there can be no doubt that Dr. Gregg disappointed many of his hearers. His plan of treatment was expressed in the "glittering generality" that you must get the *similimum*, which, to some people, is like directing them to get to heaven,—rather difficult. It was his opinion, however, that the disease was curable in the first stages, and by homœopathic medication alone, the remedy to be selected in accordance with all the symptoms, and careful regard had for hygienics and dietetics. When vomicæ are formed, he does not hold out any positive hope to the patient, but tells him that there is a chance, and that recoveries have taken place from conditions quite as bad. He believed that homœopathy alone was capable of coping with this disease, and that, in its earlier stages it was a readily curable malady. Dr. Gregg then exhibited his charts of remedies, as published some time ago in *The Homœopathic Quarterly*, and said that they had often helped him to the selection of a remedy in cases of phthisis, by pointing out the location, direction and kind of pain in the chest.

Dr. B. W. James, at the conclusion of the lecture, moved a vote of thanks to Dr. Gregg, for his earnest, able and interesting effort to instruct the members on this important subject, which was agreed to.

Dr. B. W. James then submitted his usual monthly report as scribe, which embraced the following items:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

NEW TEST FOR MORPHIA. "At the last meeting of the British Pharmaceutical Association, Mr. T. B. Groves described a new test for Morphia, which greatly exceeds in delicacy all tests hitherto known.

"When applied to the detection of opium in the stomach, etc., it is necessary first to separate the alkaloid from other substances. The test is as follows: Heat the suspected substance with about six drops of pure Sulphuric Acid, and then add a very small quantity of pure Perchlorate of Potassium.

If Morphia be present, the liquid immediately surrounding the perchlorate will at once assume a deep brown color, which will soon extend over the greater part of the acid. Warming increases the delicacy of this test. By this process 0.0001 of a grain of Morphia is distinctly recognized, and no other alkaloid yields a similar result. It is essential, however, that the perchlorate should be perfectly free from chlorate."

INSECTS IN MEDICINE. "Insects had a prominent place in the *Materia Medica* of former days, and were administered with as much confidence in their efficacy as is now given to the medicinal plants of the garden or the tinctures of the apothecary. They were generally given in the form of pills. Five gnats were equal to three grains of calomel. A lady-bird was a sovereign remedy for colic and measles, and a cockchafer for hydrophobia and the plague. Ants were considered to be invaluable against leprosy, and of great efficacy in strengthening the memory and giving wonderful vigor to the whole frame. An Italian Professor declared that the finger imbued with the juice of a little insect having the pretty name of *Rhinbatus antidontalgicus*, will retain the power of curing the toothache for a year!"

PROVING OF CLIMATES AND WEATHER CHANGES AND ATMOSPHERIC ELECTRIC DISTURBANCES. For the benefit of medical science and for the use of mankind in general, the scribe has commenced the arduous undertaking of noting the atmospheric and electrical influences and the differences of climate in their bearing upon health and the different diseases. He will be glad to receive reports from members of the profession all over the country, so that a large number of observations can be compared. Any who may have time to make these observations should use "cap" paper ruled as the form below will indicate (those residing in Philadelphia need not note the thermometric, barometric or other conditions of the weather; those living in other cities should do so by consulting the weather map, if they can get one), and fill it every day with the observations which are worthy of note for that date. Mention the *diseases*, the class of diseases, and the special *symptoms* which you find *prevalent* or *aggravated* on any and every day that they may occur, and also the symptoms and diseases and cases that *improve* all at one time. Send in your report the first day of every month, with the year and month at the top of the page, and the dates to the right of the margin line.

RECORD OF WEATHER AND DISEASES.

BY BUSHROD W. JAMES, A.M., M.D.

Observed at the N. E. cor. Eighteenth and Green Sts., Philadelphia, Pa.

Jan	Average Temperature.	Barometer. Average for the 24 hours.	Velocity of Wind.	MORTALITY. Disease and Hour of Death to be noted.	Disease Tendency.	Atmospheric Conditions.
1	37	30.34	3		Gastric and bilious derangement.	Rain.
2	40	30.33	5		Dyspepsia, etc.	Rain.
3	48	30.16			Variable aches and flying pains.	Dense fog.
4	61		20		Acute catarrhs and coughs.	Hazy.
5	33	30.48	24		Choking coughs.	Rain.
6	45	30.06	13		Choking continues, until emesis results in some cases.	Rain.
7	55	29.62	6		Pneumonia prevalent.	Rain.
8	36	29.90	12		Typhoid symptoms.	Cloudy.
9	40	29.64	8			Clear.
10	41				Cases generally improving.	Clear.
11	31	30.15	12			Clear.
12	28	30.49	9			Clear.
13	31	30.12	16			Snow—five inches.
14	26	29.97	16		Scarlatina prevailing; few cases, but generally bad. Fresh colds.	Snow—five inches.
15	15	30.10				Clear.
16	41	30.38	6			Clear.
17	20					Clear.
18	28	30.40	9			Hazy.
19	36	29.98	8		Tickling at pit of the throat.	Fog and Mist.
20	28	30.50	10		Hoarseness and bronchial irritations.	Cloudy, then clear and cold—pleasant.
21	41	30.28	2		Herpes circinatus and earaches.	N. E. rain storm. Morning slight sleet. Damp all day.
22	56	30.01	20		Anginas, debility and faintings.	Warm, damp. Very muddy. Cloudy.
23	41	30.32	15		Carbuncles.	Warm and damp. No rain. Afternoon clear, cloudy.
24	37				Typhoid fevers.	Morning clear, some clouds. Eve'g windy and colder.
25	20	30.68	20		Hemorrhages, epistaxis. Hemorrhages from bowels & lungs. Hemorrhoid cases worse.	Clear all day, N. W. wind, cold—some wind blowing. Evening colder.
26	29	30.31	13		Croup and hoarseness.	A. M., N. W. wind. Clear and quite cold. A. M. cloudy, damp and chilly. P. M., S. W. wind.
27	42	29.93	20		Croup and hoarseness.	A. M. cloudy and warmer—S. W. wind. P. M. cloudy and slight rain.
28	40	30.02	18		Rheumatic cases. Anginas and pleurisy. Epistaxis. Hemorrhages from bowels.	Warm and damp, clearing off at noon. Eve'g clear, moonlight.
29	39	30.17	6		Angina & typhoid.	Morning clear and spring-like, cloudy at noon. Afternoon clear and warm.
30	31	30.41	6		Diarrhœa thin and watery; one or two dysentery cases.	A. M. damp and cloudy all day and night.
31	34				Coughing cases worse. Anginas continue.	Cloudy and chilly.

MENTAL ATMOSPHERE. "Is there such a thing, and are there vibrations manifested by thought-action" (as is claimed in a recent theory) controlled by mathematical laws—analogueous to those under which vision and hearing take place? How are we to explain the clairvoyant state? How also the state in which the same thought originates in two minds instantaneously without the utterance of a word? Can remedial agents act upon such an agency should it be positively determined to exist? For if it exists it must extend beyond the brain and beyond the body, otherwise the strange facts (not the theories) and obscure mental phenomena of the mesmerist and clairvoyant could not be thus explained. Can anything but mind in the sense we are now considering it act upon mind? One thought will stimulate another thought or series of thoughts in another brain, but medicine cannot control these thoughts unless it produce *diseased action* in the brain that is sending forth such ideas. Physicians have been known to lull suffering and pain by the mesmeric power alone, without medicine;—through what medium does this result occur? Some are said to possess a positive and some a negative state of this mesmeric power, the former being able to control and influence the latter without touching them; in exciting which influence great will power has to be exercised by the controlling individual.

Is it good to so apply an adjuvant treatment to a patient in great pain and at the same time give a homœopathic medicine to the patient? Then again, cannot this power be excited unconsciously by some physicians over their patients or a certain class of them,—those that only possess this negative mesmeric state for instance. If then a mental atmosphere be found to exist, the mind of the physician in health can act at long distances upon the mental disorder or others dependant upon cerebral action in the invalid while under the treatment of a positive mesmeric physician.

If there be truth in this mental atmosphere theory, and experiments go far to prove it, there is a vast amount of falsity in the ascribed action of any medicinal agent *legitimately diluted* or attenuated according to the *Hahnemannian formula* to the 200,000 or the 100,000th dilution or even less. I am not advancing these views to oppose high dilutions or to imitate the very ardent advocates of the higher potencies. There must be a limit to the existency of medicine in the remedies under potentiation, as it is called; therefore let us stop and consider

whether the line of reasoning and belief is not based upon a misunderstood cause for the effects which are claimed to be reached upon patients by these almost unlimited attenuations; for clairvoyants claim to cure just as bad cases, and apparently do, and similar cases too, as any of our physicians.

The question, therefore, presents itself as to whether such cures are medicinal at all, or whether they be only mental cures brought about through the medium of a mental atmosphere.

Dr. Richard Gardner related the case of a lady who was cured of nervousness by a mesmerist, so that she would permit a sprained ankle to be dressed which she would not allow to be done save when under the mesmerist's influence.

PERU CLIMATE. "The climate of Peru is set forth by a correspondent as exceedingly peculiar and strange. It never rains there, we are told; but during certain seasons, and when the atmosphere is filled with clouds, a 'dew falls so thick, heavy and continuous, that it will saturate the heaviest clothing in less than half an hour.' The coming and the going of the clouds that distil this dew is another strange thing connected with Peru. The changes are reported so rapid and violent as to startle the stranger. One may be walking along the street, glorying in the rich warmth of the sunshine, and admiring the deep clear blue sky, when suddenly and almost imperceptibly, a change takes place, 'and from the southward a mass of dark clouds come rolling swiftly across the firmament, and soon the blue sky is replaced by a sombre pall, and to the glorious sunshine succeeds a drizzling penetrating mist,' and this is suddenly changed again, even while one is preparing to guard against the mist, the sunlight and sky reappearing in all their brightness and beauty." (*American Observer.*)

GASTRIC JUICE OF OYSTERS. (E. H. Hoskins in the *American Artisan*): "Most people know that a dozen or two of raw oysters, more or less, very seldom will produce a feeling of satiety or oppression at the stomach. There is a special reason for this not known commonly to the public, nor indeed to physicians. It is that raw, almost alive oysters contain their own gastric juice, ready, in fact, to digest themselves.

"Recently I have been trying experiments on the artificial digestion of food, and among other matters, my attention was directed to oysters. They were disposed of with singular rapidity; and carrying investigation still further, I have been able by actual experiment to demonstrate that oysters direct

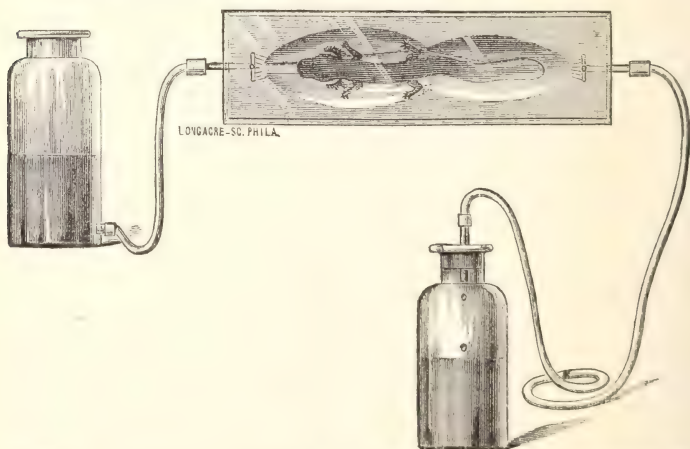
from the shell, when submitted to conditions analogous to that in which they would be placed in the human stomach, and without any addition, are positively able to digest a great portion of their own mass.

“While being cooked, however, their gastric juice is destroyed by the temperature, and they are then only like any other light food; but if boiled long their albumen becomes hard and dense and less easy of digestion. People with weak stomachs may hence take comfort in the reflection that there is one article of diet which they may usually indulge in without fear of after trouble, namely, fresh raw oysters, which happily, are provided with an assistant to help them in their solution.” (*American Observer.*)

HOLMAN'S MICROSCOPE SYPHON SLIDE. I desire to call the attention of the society to this novel contrivance which I have seen in operation with great satisfaction. It is certainly a great invention, and in it I find just the very slide needed for my line of investigation in proving the atmosphere and examining its floating particles and microscopic contents.

The following extracts from the proceeding of the optical section of the Franklin Institute will explain it:

Mr. D. S. Holman's "Syphon Slide," an engraving of which is herewith shown.



This invention presents a modification of the chamber of Mr. Holman's former device, known as the "Life Slide." It has fine perforations at each end of the chamber, too small to permit the escape of the animal under view, but sufficient to

maintain a flow of water. These openings merge into cylindrical mouths, to each of which is attached a tightly-fitting elastic tube; one of these communicates with the reservoir of water, while the other acts as an escape conduit. The position of the slide, when in use, must be slightly *above* the level of the reservoir, while the escaping tubes must rest *below* the reservoir; thus insuring a veritable syphon action in the apparatus, a constant flow of water being thus secured, in connection with the required atmospheric pressure for the retention of the cover of the slide. By this ingenious device, living aquatic animals may be retained in the chamber in a natural condition for hours, and even days.

Mr. Holman exposed a young larva of Salamander, for an hour, to the full influence of the oxyhydrogen light, with no apparent injury to the subject.

By a critical watching of the screen, the circulation of the blood in the minute arteries of the animal was clearly visible—a result, it is believed, never hitherto presented to an audience during such an extended period of observation.

The “Holman Syphon Slide” is an invention the want of which has been felt by all teachers and students in histological studies. By its means a constant current of either cold or hot water, adjustable at will, may be caused to flow across the stage of the microscope without interruption for hours or days together, thus giving a convenient means of leisurely studying the circulation of the blood, with its attendant phenomena, in many animals, without the slightest exhaustion of respiration, and without *curara* or *chloral*, which narcotics always create pathological conditions unfavorable for such observations.

The migration of white-blood corpuscles in tissues not mutilated, the phenomena of inflammation, the delicate nerve fibres in *living* tissues, living epithelium, and many types of aquatic respiration, fresh water or marine, are all brought within easy study of every teacher or student.

There was kept under observation for a week, in one of these slides, a larva of a Chironomida, and besides the beautiful spectacle of its blood-red organization, the observer was able to watch its habit of weaving a silken tube under water in order to inhabit it for protection against its enemies.

When opticians shall give us lenses of power and light enough to be used successfully in the oxyhydrogen or electric lantern, this contrivance will render it possible to keep even a living trout, just hatched from the egg, under the beam of

illumination for hours, if desirable, without exhaustion, because a constant current of ice-cold water may be drawn over the animal by the syphon action of the slide.

SNOWDEN'S UNIVERSAL SYRINGE. This instrument is the hard-rubber syringe with improvements to make it adaptable to many cases, one attachment for the rectum, another for the vagina and uterus, another for the urethra, male and female catheters, one for the posterior nares and throat and another for the external meatus of the ear, and the whole put up in a box in a compact form at a cost of about \$9.

CORRESPONDENCE.

LETTER FROM DR. HERING.

DR. HERING received the following, February 2nd, 1874, addressed to him on a postal card :

"Can not you find time to answer Dake and Hughes? See *H. M.*, Feb., p. 289; also *B. J. of H.*, 73."

To this Dr. Hering would answer in the following terms :

It is not worth while. Reading the first few lines and the last was enough to show that there was nothing new in it. The same old fox, who consoles himself after great and vain exertions by saying: "the grapes are sour."

It has been told them long ago, that if all and every quotation from old-school books in our *Materia Medica* were stricken out, *not one of our drugs would be in the least altered by it.* *Allg. Hom. Zeitung*, Vol. 30, No. 17, p. 270-272; written Feb. 10th, 1845.

Of *Belladonna* we have, edited by a real master of *Materia Medica*, a purified collection, everything objectionable being entirely left out. It was presented to the profession in *Clotar Müller's Quarterly*, Vol. 16, by Carl Heinigke, 1865, like a well-washed shirt, starched and ironed. To improve on Heinigke requires a little more than running up and down a step-ladder in libraries and blowing the dust from old folios into the eyes of the readers. Our "ingenious gentleman, Don Quixote" (Roth, in Paris) and his true follower, (Langheinz), the Sancho Panza among the anti-Hahnemannians, have tried their very best, and what have they gained by it? They will be the laughing stock of the next age.

It was proved that the recommendation of *Dulcamara* in some complaints arising from colds, was based on an erroneous quo-

tation, but alas! too late. Every practitioner had an overwhelming number of cures in favor of Hahnemann's remark.

If they had succeeded in striking out all that they considered unnecessarily quoted, they might have prevented all those cures; but now we stand like the owners of rich mines, and laugh at the strikers.

C. Hg.

TOLLE CAUSAM.

DEAR EDITOR: What is all this to do about "*tolle causam*," or rather, what is the meaning of these mysterious words? My chum has a big latin dictionary, and therein we looked for the explanation, and found *tolle*, remove, *causam*, the cause; therefore, *tolle causam* means, remove the cause. Now suppose I knock my head against a stone wall and get a black eye and a lump on my forehead, must I remove the prime cause of the bruise, the stone wall? or if I pass my nights in a malarious region and the fever and ague catches me, must I remove the green and slimy decomposing matter which makes all that trouble? Or if "*tolle causam*," means "remove the effects produced by the cause," how then? Are not these effects symptoms belonging to the so-called totality, and have we a right as homœopathicians to leave such valuable characteristics out at the bidding of even the strictest prescriber?

That Hahnemann considered "*tolle causam*," in this common sense, is clear, for we find that he gives under *Aconite*, complaints from east winds; *Belladonna* from having hair cut; *Antimonium crud.* from saburra, from bathing; *Arnica* from bruises, sunstroke; *Baryta* from old age; *Calcarea carb.* from bathing, from alcohol; *Chamomilla* from mental emotions with bursts of passion; *Cinchona* from loss of fluids, malaria; *Coffea* from joy; *Diadema* from water; *Dulcamara* from damp and cold air; *Ignatia* from tears wept inwardly; *Ledum* from stings and stabs; *Nux* from allopathic or bar-room dozing; *Rhododendron* from stormy weather, etc.

Most people consider that such remedies remove by their action the symptoms caused by the *causa occasionalis*, and thus fulfil the indication of "*tolle causam*." The *prima causa morbi* has to be looked for in the inherent weakness of humanity, and is certainly not come-at-able by remedies nor

by hygiene. We may patch up these constitutional ailments, but old Adam will be there in spite of us.

You know, Mr. Editor, that there is just now a weeding and tarcng time, (*vide* Dr. Dake, *H. M.*, p. 289, Feb. 1874), and you also know, that Dr. Lippe was the first who critically examined the *Materia Medica*, weeded out the trash, and gave us the pure wheat, in his text-book. It is true, none of these causal symptoms are found in his text-book; but my preceptor thought a great deal of them, and they were to him and to his disciples guiding stars in the selection of a remedy. Should they be thrown away as tares?

AN ANXIOUS INQUIRER.

EDITORIAL NOTES.

THE SCIENTIFIC PROBLEM. That the reader may take up this article with the proper spirit of reverence, and with a due appreciation of our position in the matter, he is requested to carefully peruse the first chapter of the "Pickwick Papers." Let him pay special attention to the amicable discussion between the immortal Pickwick and Mr. Blotton, (of Aldgate) and let him take our word for it, that this article is not written by one who, "smarting under the censure which has been heaped upon his own feeble attempts at rivalry, now takes this vile and calumnious mode of—," in short, let him bear in mind that what follows is to be taken in its Pickwickian sense, every observation being intended to bear a Pickwickian construction.

It is not unknown to the general public, that in the year of our Lord 1811, and in the kingdom of Siam, two brothers were born, whose relations were so intimate that when they were brought to the United States for exhibition, one citizen who had had no medical education whatever, proved the peculiar force of the unaided American intellect by turning to the exhibitor and saying, "Twins I presume?"

The description of the recent death of Chang and Eng has been so frequently published and republished, that at least three millions of copies have already been circulated. Particulars of their lives are so plentiful, that they bid fair to be as convenient for filling out the columns as the bogus "anecdotes of Napoleon" which used to be manufactured by country editors when driven desperate by the importunities of the devil. "The three days arrangement," by which each brother, in turn, had supreme command for that period of time;—how Chang took advantage of that arrangement to prevent Eng from attending the funeral of young Mr. Eng, and Eng (with touching brotherly affection) returned the compliment by preventing Chang from being present at the wedding of Miss Chang,—the courtship of the Twins and its consequences,—these and kindred topics have been discussed *ad nauseam*.

As soon as it was known that Chang and Eng were dead, several scientific men resolved to turn the eyes of the world Quaker Cityward, before the Centennial. A "Commission" was sent to North

Carolina to borrow the remains of the defunct Twins, and to preserve secrecy a detailed account of the proceedings of that august body appeared in print. "Free passes" on the rail-roads are probably not abolished south of Pennsylvania, for it is certain that on the return-trip of the "Commission," there were two dead-heads with the party.

Not a drum was heard, not a funeral note,
As *their* corpse from the depot was hurried,

and safely deposited in the College of Physicians. The members of the "Commission" rested from their arduous labors for four days, and it seemed to outsiders that the scientific men hardly knew what to do with their double responsibility. This misapprehension was corrected by the following startling announcement:

"The Siamese Twins.—The case containing the bodies of the Siamese Twins, now at the College of Physicians, was opened yesterday. They were found to be in about the same condition as when examined at their late homes. A plaster cast of Chang and Eng was taken, after which the bodies were again injected with chloride of zinc."

This item, which short as it is, contains "the truth, the whole truth, and nothing but the truth," appeared in the *Ledger*. The *Public Ledger*, no matter what the excitement, has the happy faculty of keeping well balanced, thereby differing from sundry ledgers which have been brought to light in recent bankruptcy cases. A day or two after the departure of the "Commission," the *Ledger* contained the following editorial paragraph:

"The Siamese Twins.—It would be interesting to know with exactness the physical relations existing between the Siamese twins, but it is very doubtful whether the cause of science would be greatly benefited by a post-mortem examination. Monstrosities of this kind are too rare to make a knowledge of the constitution of the band between them of much practical value. Examination would, in all probability, only confirm the hypothesis already generally entertained. It is but barely probable that an examination of the twins might clear up some mysteries of the human organism, but there is no reason for supposing that such would be the case. A faithful study of the anatomy of men and women in a normal condition is more likely to be of real value. In science, as in business and pleasure, it is possible to pay too much for one's whistle, and if the families of the twins, either from avarice or delicacy, oppose a post-mortem examination, nothing but curiosity is likely to suffer from a neglect to seize an over-estimated 'opportunity' for investigation."

Still these scientific men were determined, like Byron, to awake and find themselves famous. By their judicious reserve, they contrived to excite the curiosity of the public to the highest pitch. The newspaper reporters were kept at a distance, and one of them states, (Feb. 11th:)

"Information in regard to the matter has been extremely difficult to obtain from those having it in charge, owing to the determination of the profession to prevent it from being made a topic for sensational newspaper articles, and to confine it to its proper sphere in the limit of serious scientific inquiry, and the expected means of elucidating truths of import to humanity.

"It is intended to admit only physicians to the examination, and they will be bound to secrecy by an injunction direct or implied, and the result of the autopsy, which will probably occupy several days,

will be embodied in the form of a report in the regular account of the transactions of the College of Physicians, after having been thoroughly discussed in that body, and will first appear in print in some standard medical journal, probably *Hayes' Journal of Medical Science*, a quarterly periodical, the next number of which is not due for about two months."

He learns, however, that: "The dissection of the band which connected the twins will probably be performed to-day, and, by the terms of the contract, the anterior portion must not be defaced by the knife."

The reason of this stringent rule is apparent. The affectionate widows wish nothing done which will interfere with prospective gains from a *post-mortem exhibition*.

The autopsy, "like a wounded snake, dragged its slow length along" through a whole week. From an article in the *Press*, of Feb. 21st, we make the following extracts:

"The cause for the unnecessary time consumed in making the examination, was assigned to be that somebody got riled because he and his friends had no finger in the pie, and then somebody else feared that the professors who made the pilgrimage to the Mecca of curiosities would carry off all the honors themselves, and leave the other Fellows out in the cold.

"When the investigation had been concluded, and all hands were satisfied, there was another quandary as to what should be done with the results. Application was then made by the representatives of the daily journals for the report, but they were informed that they could not be furnished with it, as it would be published first in a medical journal under the supervision of the institute, solely for the benefit of science. It appears, upon reflection, however, that these gentlemen reversed their decision, whether in the interest of science it is not known. It is a fact which has been stated by a gentleman connected with the journal in question, that that paper did not receive the report gratuitously, but were obliged to pay a round sum for it, and, considering it their own property, as they purchased the right and title, they set up an auction shop and knocked it down to a bidder not in the interest of science. It is to be sincerely hoped that the speculation on the part of those interested scientifically has proven a profitable one."

The headings of the above article are so suggestive, that we reproduce the most interesting ones. "The Scientific Catchpenny! How Patriotism and Glory vanished in the presence of Cash! Can any more Money be made out of the poor Siamese? A Chance for the Showmen!"

Further comment on our part is unnecessary. In our opinion, the greatest gain of these enthusiastic scientists, in addition to the amount received for their "report," is further experience of

The very great value of chloride of zinc

In combating with force a cadaveric—unpleasant odor.

THE HOMŒOPATHISTS OF NEW YORK AND DR. VANDERPOEL. The opposition of the homœopathic physicians of the State of New York to the reappointment of Dr. Vanderpoel to the position of Health Officer of the Port of New York, has borne fruit. The doctor has explicitly denied the charges brought against him, in a letter to Governor Dix, and his disavowal is accompanied with a letter from Dr. Stephen Smith, of New York, President of the "American Public Health Association," in which that gentleman declares, 1st, That he

was present at every meeting held by the Executive Committee of the A. P. H. A., of which Dr. V. was chairman. 2nd, That on no occasion, either in the Committee or out of it, did he hear Dr. V. express any opinion regarding Drs. Verdi or Bliss. 3d, That "no one applying for membership in the Association has been rejected on account of his tenets in medical opinions or practice. The *Utica Observer* states, in this connection, that the Executive Committee of the N. Y. State Homœopathic Medical Society "were perfectly satisfied by the denial of Drs. Smith and Vanderpoel, and their objection to the reappointment of Dr. Vanderpoel being thus removed, they at once discontinued all opposition." And yet, notwithstanding all this, the fact remains that Dr. Verdi was refused admission to the Association. If this refusal to admit him to membership in an American and a Public Association was not based on his "tenets in medical opinion or practice," on what ground then was he refused admission? Let Dr. Stephen Smith, who claims to know all about the matter, by his negative and indirect assertions, go a little farther, and tell the whole truth. Surely these allopaths are not ashamed of their act nor afraid of the consequences of a complete avowal of the motives which led to its commission!

THE TWENTY-SEVENTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY will be held at Niagara Falls, N. Y., commencing on Tuesday, June 9th, 1874, and continue four days. The usual *Preliminary Meeting* will be held on the Monday evening next preceding. It is the opinion of the General Secretary, based upon numerous indications, that this meeting will be one of the largest ever held, and one of the best and most important in a scientific point of view. The bureaus are all actively engaged in preparing their reports, and numerous valuable papers may be confidently looked for. Arrangements will be made to secure the most favorable terms for members and their friends during their stay at the Falls, and the usual "Excursion rates" of the Rail Road companies will be available at the time of meeting. Members or others wishing *Applications for Membership* can have them by addressing the General Secretary, Dr. R. J. McClatchey, 918 N. Tenth Street, Philadelphia, Pa. Applications, upon being filled and properly signed, may be returned to the General Secretary, ten days before the meeting, and that officer will present them to the censors.

PERSONAL.

REMOVALS. DR. THOMAS MOORE has removed from 110 Tulphocken Street, Germantown, Philadelphia, to N. E. cor. West Walnut Lane and Green Street, Germantown.

DR. BUSHROD W. JAMES has removed from 1821 Green Street, Philadelphia, to N. E. cor. 18th and Green Streets, Philadelphia.

DR. W. M. WILLIAMSON has removed from 29 North 11th Street, Philadelphia, to 2005 Columbia Avenue, Philadelphia.

DR. L. HOOPES has removed from Pottstown, Pa., to Avondale, Pa.
DR. C. HORACE EVANS has removed from Indianapolis, Ind., to Cincinnati, Ohio.

DR. SAMUEL A. JONES has removed from Englewood, N. J., to 230 West 25th Street, New York City, and has become general editor of the *New York Journal of Homœopathy*.

DR. HARRY P. MERA has removed from Rochester, N. Y., to Pottsville, Pa., where he takes the place of Dr. Dan. Gardiner, who retires from practice.

MARRIED.—At the residence of the bride's father, near Red Bank, N. J., on Thursday, Feb. 12th, 1874, by Rev. W. S. McCowan, DR. HENRY CRATER, of Somerville, N. J., to Libbie, daughter of Joseph W. King, Esq. Dr. Crater is a graduate of Hahnemann Medical College of Philadelphia, of the class of '72, and has permanently settled in Somerville, N. J., having purchased the property and all pertaining to the practice of the late Dr. M. W. Wallens. He was a first-class medical student and will be a first-class physician.

At Quakertown, Pa., Feb. 12th. 1874, by Friends' ceremony, DR. J. W. THATCHER to Elizabeth S. Blakey, all of Bucks County, Pa. Dr. Thatcher is also a graduate of the Hahnemann Medical College of Philadelphia, and has been practicing in Quakertown, Pa. and vicinity for several years. He is a rising practitioner, a good fellow, and deserves all the good fortune that can attend his career.

OBITUARY.

DR. BERNARD HIRSCHEL.

THE *Allgemeine Homöopathische Zeitung* announces the death of Dr. Bernard Hirschel, at Dresden, on the 14th of January last, from strangulated hernia. Dr. Hirschel was best known to the homœopathic world as the editor of the *Neue Zeitschrift für Homöopathische Klinik*, established in 1852, and discontinued in 1872, which was managed by him for many years with great ability. He was one of the most scientific and practical writers of the homœopathic physicians of Germany, wielding the pen both gracefully and vigorously; and his loss will be the more keenly felt by his medical brethren from the fact that the position he has vacated will be with difficulty filled. In addition to his many contributions to his own journal and others, he wrote a number of independent works, as follows: *A History of the Brunonian System*; *A Guide to the Right Understanding and Personal Investigation of Homœopathy*; *The Homœopathic Medical Treasury*; and his last publication, *A History of Medicine*. One of these, the second mentioned, was partially translated into English by Dr. Hayle, and published under the title of *Rules and Examples for the Study of Pharmacodynamics*; the others have not been translated. Dr. Hirschel was highly respected by all who knew him.

DR. ANTOINE-HIPPOLYTE DESTERNE.

Dr. Desterne, one of the founders of the Hahnemann Hospital of Paris, recently died in that city, of an attack of apoplexy, brought on by severe professional labors. He was an earnest and able advocate and practitioner of Hahnemannian homœopathy. He left a large number of valuable papers on medical subjects, which his friends intend to publish.

DR. ALPHONSE MILICENT.

Dr. Milicent was converted to a belief in homœopathy through the teachings of Tessier. He originated and edited "*L'Art Médical*," and contributed numerous articles to its columns, which were distinguished by vigor and elegance of style.

PUBLICATIONS RECEIVED.

BOERICKE & TAFEL'S QUARTERLY BULLETIN OF HOMŒOPATHIC LITERATURE. PROSPECTUS OF AN ENCYCLOPEDIA OF HOMŒOPATHIC MATERIA MEDICA. Most of our readers have, doubtless, ere this received a copy of this welcome and valuable quarterly publication. The present issue, however, calls for something more than a brief and passing notice; containing as it does, a sample of the expected Encyclopedia of Materia Medica, to be issued under the management and editorship of Dr. T. F. Allen, of New York. The need for such a work as this is felt by every member of our school, and the announcement of its prospective publication by the responsible publishing house of Boericke & Tafel, was gladly received by all to whom it was made. And now that a specimen of the work to be done—matter, manner, style of publication, etc., is laid before those who are expected to become purchasers, it may not be amiss to give a brief review of the more prominent points of the publication, and an opinion as to its general merits. We unhesitatingly and most emphatically commend the Encyclopedia to our subscribers, after a careful examination of this monograph on Aconite, for these reasons: *Firstly*, This is a *sample* of this important work, and it is noticeable for its *completeness*. Thus, we observe, are given briefly, yet completely, the natural history, common names and pharmacy of the plant; the names of its provers, and the preparation used by each prover; and that all provings and toxicological symptoms are included, and each symptom is vouched for and the authority for it is given. *Secondly*. We have knowledge of the fact that the utmost pains have been taken to give a careful and accurate rendering of the original into English; most of the German provings, and many of the French, having been re-translated by masters of both languages, in order to secure the utmost accuracy. *Third*. There are no combination of symptoms given (as in the *Symptomen Codex*), but the editor has presented "the truth, the whole truth, and nothing but the truth!" There is a noticeable and praiseworthy omission of pathological names and (oftimes fancied) clinical symptoms. *Fourth*. The symptoms are distinguished from each other in value by being printed in italics, in heavy types, or by being marked by a preceding asterisk, and in other ways; these grades of value being in accordance with the amount of clinical verification each has received. *Fifth*. These symptoms are numbered by tens, so that any single symptom may be found or designated by its number, and this is done in such a way that the symptom may be readily found, while the bulk of the book is not added to by the waste of space which occurs in the ordinary manner of numbering symptoms, as, for instance, in Lippe's *Test Book*. *Sixth*. The work is compactly printed, and yet the matter is so well arranged, the type so perfect and clear, and the press work so well executed, that while not an em of space is wasted, there is no difficulty in finding anything that may be wanted. *Seventh*. The symptoms are arranged under rubrics, and this arrangement has been adopted after a careful consideration of the subject, and is, in our opinion, the best and most practical we have yet seen.

The outlay of the publishers in issuing a work of this magnitude and character, it will be perceived, must be very heavy; and they very properly announce that they will not go on with the work unless they have enough subscribers (500) to guarantee their expenses. We have no doubt that twice that number will be rapidly forthcoming.

ing. The physicians of this country know that they can depend upon the promises of this firm, and that they are safe to get an equivalent for their money, so far as they can give it. If any have entertained doubts as to whether Dr. Allen could or would be able and willing to carry it to completion, we can only say this, that those who know that gentleman best have no doubt as to his ability, energy and capacity for the work, and for those who do not, the mere fact of his exhibiting so much downright pluck as to submit *Aconite* as a specimen of his work, should be a sufficient guarantee.

Let no friend of Dr. Hering suppose that the publication of the *Encyclopedia* will in any way interfere with the publications of that venerable and learned physician. Dr. Hering will go on with his life work, and will issue his volumes as he gets them ready for the press. The profession will buy Dr. Hering's books, knowing what treasures they contain, no matter who besides may write and print.

Let there be no hanging back in the matter of subscriptions, but give the publishers the guarantee they desire, and in a year or two we will have such a work as will be of the greatest value to all who practice homœopathy.

UNITED STATES MEDICAL AND SURGICAL JOURNAL. This most excellent quarterly, a model of typographical beauty, and replete always with good things medical, presents an unusually attractive table of contents with its January issue. "Why are not all Physicians Homœopathists?" by Wm. H. Holcombe, M.D., is a capital paper, written in the style of the true *litterateur*, and should be read by everybody. A paper by the genial Ludlam, also graces this number and adds to the value of its contents. He gives a graphic description of the removal of an ovarian tumor by Enucleation, with some novel steps in the operation; and withal there is a vein of humor running through the description that reminds one forcibly of the worthy professor's felicitous manner of saying things agreeably as well as plainly. Altogether this is a first-class number of a first-class magazine.

AN INTRODUCTION TO PHYSICAL MEASUREMENTS, WITH APPENDICES ON ABSOLUTE ELECTRICAL MEASUREMENT, ETC. By *Dr. F. Kohlrausch*. Translated from the German. New York: D. Appleton & Co. 1874.

THE PUERPERAL DISEASES. CLINICAL LECTURES DELIVERED AT BELLEVUE HOSPITAL. By *Fordyce Barker, M.D.*, etc. New York: D. Appleton & Co. 1874.

Further notice of the above valuable publications, and of some others, must be deferred until our next issue.

HOMŒOPATHY IN PENNSYLVANIA.

APPLICATION has been made to the Legislature of Pennsylvania, to set apart the sum of \$50,000 for the building of a State Lunatic Asylum, to be placed under the medical charge of homœopathic practitioners. This has been done under the auspices of the Pennsylvania State Homœopathic Medical Society.

Application has been made for a charter for a large general homœopathic hospital, to be located in Philadelphia, and to be erected and supported by private subscriptions.

THE
HAHNEMANNIAN MONTHLY.

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FACTS AND THEORIES OF HOMŒOPATHY, NO. 5.

The Wirkungsdauer, No. 3.

Was Hahnemann an Alternater?

BY JACOB JEANES, M.D.

(Read before the Philadelphia Homœopathic Medical Society, March 12th, 1874.)

THE author of the papers which have been hitherto read in our society, under the title of "Facts and Theories of Homœopathy," has felt that his advanced age was a sufficient excuse for their discontinuance.

But a recent discussion in our society of the question, *Was Hahnemann an Alternater?* induces him to lay this one paper more before it.

In the consideration of this question it is proper to bear in mind two important theories of Hahnemann. The first of these is that of the *modus curandi* of homœopathic medicines; and the other is that of the duration of operation of medicines, some operating only for brief periods, whilst the action of others extends through several weeks.

The theory of the *modus curandi*, or substitution of the medicinal disorder for the pre-existing disease, will meet the approbation of every thoughtful physician, and it will have the effect of causing him to allow a reasonable time to elapse after the administration of the medicine, for a proper reaction and its curative consequence.

This theory, moreover, leads to the conclusion, that a single dose of the medicine which substitutes its own action for the pre-existing disease, would require a single application, and that a repetition of doses would be an unnecessary and even hurtful interference with the process of cure.

Consistently with these views we find Hahnemann recommending one or two doses of a medicine and then a long waiting for the curative result. In this waiting, care is to be taken to avoid all disturbing influences. Hence comes the necessity of the regulation of regimen and diet, and the care to avoid the administration of other medicines.

It is to be observed and constantly kept in view, that this theory is an induction from the facts of innumerable cures by homœopathic medicines, not only in the minute doses given by homœopathic physicians, but in the more massive doses of the old schools of medicine. This is so plain an induction from facts, that every homœopathic physician would make it for himself. And this will be accompanied by another induction, that the production of similarity of symptoms shows an action upon the same parts, which would rationally appear to be necessary to effect a cure.

The teachings of Hahnemann were in accordance with these views, which we all esteem so just. But had he insisted upon the invariable adhesion to the general rules which he advocated, and never allowed any departure from them, we must in the light of our own experience have regarded him as a man more inclined to exalt his system than as one inspired with the desire of benefiting mankind. We have all found in the exigencies of practice, occasional necessities of departure from the rigid observance of the rules. So did he, and had the honesty to tell it himself, although apparently militating against the universal applicability and completeness of his general instructions.

We have an illustration of this in his remarks in regard to the treatment of Roodvonk. It will be best to give the whole paragraph in the preface to *Belladonna*, in the *Reine Arzneimittellehre*, p. 15, and the appended note.

“The protective power, discovered by myself, of Belladonna (given in the smallest doses every six to seven days) against the true, erysipelatous (rothlaufartige) smooth scarlet fever, as it is described by Sydenham, Plencitzs and others, was through nineteen years defamed and ridiculed through a number of physicians who did not know this peculiar disease of children, and, senselessly enough, took the rothe Friesel (Purpurfriesel, Roodvonk) which came to us in 1801 out of Belgium, for it, and covered it falsely with the name “scarlet fever” and experimented, naturally in vain, on this rothen Friesel with my protective and curative remedy recommended for the true scarlet fever. I rejoice now, that other physicians, in the later years have again observed the old, peculiar scarlet fever, and have given manifold confirmation of the protective power of Belladonna against it and finally have allowed justice to be bestowed upon me after long, unjust shame.”

The note appended to the above paragraph reads as follows:—

“As a very different disease the rothe Friesel (Roodvonk) should be entirely differently treated. There, naturally, Belladonna brings no good, and other common routine treatment must allow a large part of those sick with it to die, whilst they could all be healed through the changing (abwechselnden) use of Aconitum (Sturmhut) and the tincture of raw coffee, the first against the heat and increasing restlessness and agonizing anxiety, the latter to be given against the over-severe pains and whining disposition;—the Aconite in the decillionth dilution of the juice and the raw coffee tincture in the millionth dilution, both in the smallest part of a drop to the dose, every twelve, sixteen or twenty-four hours the one or the other, just as the one or the other is indicated. In the newest times both these so very different diseases (smooth scarlet fever and Purpurfriesel) complicate themselves in some epidemics, and by one part of the sick Belladonna, by another part Aconite will be the more helpful.”

It is proper to remark in this place, that the scarlet fever described by Sydenham was of a remarkably mild form, for he remarks, that if children die of it, it is to be attributed to the interference of the physicians. But a paragraph follows which induces us to think that he afterwards met with some of the severer forms of this disease and penned the last paragraph without correcting the preceding statements. He says, "but if scarlet fever commences with coma or convulsions, a blister should be applied to the nape of the neck and Theriaca and other medicines should be given. Thus we find him instituting an active treatment in a disease in which the sufferers died only from the interference of the doctors. From this it seems that Sydenham and Hahnemann must in the early part of their practice, like many other physicians in theirs, have encountered only the milder forms of the disorder.

Again, Hahnemann exhibits his regard for human health and human life in his remarks in regard to the treatment of the very acute and rapidly destructive diseases, in which he does not appear to bind the homœopathist to long waiting on the doses, or to the infrequent variation or repetition of doses. He says:—

"In acute diseases, the time of repetition of the suitably chosen medicine is accommodated to the more or less rapid course of the combatting disease, so that it, when necessary, after twenty-four, sixteen, twelve, eight, four or even fewer hours, is to be repeated, if it improves without shock and without producing new disturbances, but is not sufficiently quick for the rapid and dangerous progress of the new disorders, so that, in the most rapid deadly disease which we know, in the cholera, at the beginning of the sickening, every five minutes, one (to two) drops of dilute (dünner) solution of Camphor must be given internally, in order to procure rapid and certain help, but by the more developed cholera, likewise doses of *Cuprum*, *Veratrum*, Phosphor., etc., (decillionth) often every two or three hours, also Arsenic, *Carbo vegetabilis* at similar short intervals."

Here Hahnemann does not say that the medicines are to be given in rapid variation or in alternation, but he certainly does not give here any directions to the contrary.

But in another paragraph in the same note to section 246 of the Organon, pp. 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, which note, although extremely long, is worthy of close perusal and should awaken deep reflection, Hahnemann says, after speaking of the treatment of psora:—

“Also when for other great chronic diseases, after all judgments, eight, nine, ten doses of *Tinct. sulph.* (in the decillionth) would be esteemed requisite, it is in such cases still preferable, instead of giving it in immediate succession, after every, or every two or three doses, to interpolate (*einschieben*) a dose of another, next to the Sulphur here preferable homœopathic serviceable medicine (mostly *Hep. sulph.*) and to allow this likewise to work eight, nine, twelve, fourteen days before we again begin another row of three doses of Sulphur.

Was Hahnemann an Alternater?

Indubitably he was, and the paragraph just quoted is the most conclusive evidence of the fact. But, it may be asked, does not this alternation conflict with the teachings of the single dose? It does not, for the facts upon which the theory of the *modus curandi* of homœopathic medicines is founded are perfectly well established. Writers before Hahnemann called attention to these facts. Although the number of writers who have spoken of them may not be numerous, yet as they were facts coming under the observation of men interested in them, it is probable that thousands and tens of thousands of physicians have been struck with their recognition and been ready to ask with the Swedish physician Stahl, whether there was not a law in nature that remedies cure diseases which are similar to those which they can produce? But Hahnemann was the first to give to this observation the sober reflection and attention which it so well deserved, and also to collect from the records of medicine the pathogeneses of many medi-

cines, which not only proved that their curative powers were in correspondence with their pathogenetic operation, but also laying a foundation for the superstructure composed of the materials which he obtained from experiments with medicines upon persons in health. The result of these vast labors we know, and appreciate them as of vast benefit to the human family. He was very much aided in all this by his discovery of the value of minute doses, both for the purpose of experimentation upon the healthy and in the cure of disease. This discovery resulted from good common sense reasoning and from close observation. In administering medicines which are capable of producing a similar disease, aggravation of a serious character is not only to be apprehended, but is actually often produced by the ordinary doses of the old school. To obviate this difficulty common sense suggested a reduction in the size or amount of the doses. Whilst seeking to ascertain to what extent they could be reduced without losing the power of curing disease, he became apprised of the fact, that they were actually more potential in the cure of disease. Hence he termed his successive dilutions, potentializations.

We who have adopted the use of the potentialized medicines, upon the principle of *similia similibus curantur*, have had sufficient evidence of the perfectly curative effects of a single dose of the proper medicine, and should always bear in mind the propriety of the teachings of Hahnemann in regard to the single dose. And we should endeavor to select our medicines with such accuracy, that one or two doses shall effect a cure. But whilst this should always be kept in view, we should also remember that in severe and dangerous diseases, repetition of the doses is sometimes absolutely necessary, and at other times frequent changes or alternation of the medicines is requisite.

We must, therefore, esteem Hahnemann the more highly, since he also taught the necessity in practice of repetition and alternation, and also frequent variation, not, it is true, as a general rule, but in exceptional cases. These were not confined to acute diseases, but, as we have seen in the above note,

are found in the chronic diseases. Eight or nine doses of Sulphur in a case of itch, at intervals of a week, is repetition. and when a dose of Carbo veg. is interpolated weekly this is alternation.

When we consider the vast variety of constitutions, and the vast variety of agents which act upon these constitutions, we can readily understand that it is often extremely difficult to find the proper medicine, that is the homœopathic medicine which is calculated to substitute its own action in the place of the pre-existing disease. It is wonderful, under the circumstances just stated, that we are able to give as frequently as we do, this proper medicine. When we succeed in doing so. a repetition of the proper medicine is more hurtful than beneficial. It would seem that the proper medicine enables the vital power to react so rapidly in the right direction towards the healthy condition, that after a very short time the remedy which has produced these good effects is no longer adapted to the new state of disease.

Although we may only now and then succeed in finding the absolutely proper medicine, yet we may often attain to the cure of disease by the employment of approximatively proper medicines. With these we may sometimes succeed by repetition. In pursuing this practice, however, we will often be disappointed, as the relief from each succeeding dose will become more brief, whilst new symptoms arising from the medicine will make their appearance. The fact that a single dose of medicine does not effect a cure is evidence enough that it is not the absolutely proper. Therefore, when Hahnemann judged numerous doses of Sulphur necessary towards the cure of a case of psora, he was employing only an approximatively proper remedy. But, hard as it was for him, when the exigencies of practice demanded a modification of his teachings, he was in a tight place. He knew that his doctrines in regard to the proper (here styled the absolutely proper) remedy were correct. How, in view of the difficulties in practice, should he teach that which would appear to militate against his early

and true doctrines? His love for humanity and truth led him in the right direction, and he honestly admitted of the repetition of doses and of the alternation of medicines. This latter he has even recommended as preferable to a long continued repetition of successive doses of the one remedy.

To those who admit the division of remedies into the two classes of the absolutely and the approximatively proper, there is no conflict in the different teachings. The former class require neither repetition nor the intrusion of any other remedy. The latter, which from necessity rather than choice, we most frequently employ, are positively better used in alternation, not only of two, but often of several remedies.

The approximatively proper medicines do not substitute the pre-existing disease entirely, but only partially. In doing this, they must modify the pre-existing disease, and this modified disease becomes the disorder pre-existing to the administration of the next medicine, which may prove itself to be the absolutely proper. And so it will be in regard to the next medicine, and so again upon returning to the medicine which was the first given.

Therefore let no physician pride himself as being a Hahnemannian *par excellence* because he does not alternate his medicines as much as some of his neighbors. He, like Hahnemann, has to do it, or allow his patients needlessly to suffer or even to die because he has the whim of always being able to attain to the often unattainable infinite perfection of the absolutely proper medicine.

On the contrary, let us all imitate him in close observation, in the love of truth and in the exercise of our independent judgments, calling no man master. He, regardless of the authorities in medicine, trusted to his own powers of observation and to his own judgment in regard to his experiences. We know what great blessings have come to humanity from his having pursued this course.

After all, it matters not to us whether Hahnemann was an alternater or not. It is for us to exercise our own judgments,

carefully formed upon our own observations and experiences. His was an extremely guarded alternation, reluctantly admitted into practice, and very different, indeed, from the sometimes rather careless alternations of many practitioners of homœopathy in the present day. At the same time it must be admitted that, upon reasons heretofore stated, a more liberal and extensive alternation than that which he taught is perfectly justifiable.

Also, in the note from which some extracts have already been employed in this paper, we find Hahnemann, yielding to the necessities of practice, no longer insists upon an adherence to the rule of waiting during the Wirkungsdauer of Sulphur, before repeating the dose or giving another medicine, but allows it to be given every week or two; though he elsewhere states that the Wirkungsdauer of Sulphur is from forty to fifty days. In this case there seems to be an admission that the Wirkungsdauer of Sulphur need not be stringently observed.

From what data did Hahnemann estimate the duration of operation of our potentialized medicines? If there are any present this evening who think that they understand this matter, let them express their thoughts and direct the discussion upon this subject, rather than renew debate upon the question, was Hahnemann an alternater? We have some of the pros in this paper, and have had in a recent paper by Doctor Korndœrfer—and also in another paper by the same gentleman which has been written for the *Hahnemannian Monthly*, but which he will read this evening, will have sufficient of the cons for each of us to make up his own mind on this point.

ARSENITE OF COPPER IN VOMITING.—A CONFIRMATION.

BY E. W. SOUTH, M.D.

In the month of January, 1873, I was called to see Mrs. W., a married lady thirty years of age, and the mother of several children.

She complained of considerable pain, of a dull, aching character, over the epigastric and right hypochondriac regions, accompanied by nausea and occasional paroxysms of vomiting. There was very little tenderness over the regions mentioned; the pulse was normal, the bowels regular. The nausea being most complained of, I prescribed *Ipec.*²⁰ and left her, expecting to find her relieved next morning.

On calling the next day, I found her in a very suffering condition; the vomitings were now frequent, and consisted of a glairy froth, similar to that often seen in the vomiting of pregnancy; but to my questions she gave good reason to believe it was not caused by that condition. I continued the same remedy in a lower potency, and at more frequent intervals; but on my next visit I found her still unrelieved, and now there was also added considerable tenesmus of both bladder and rectum, frequent desire for stool, but every effort fruitless. I now prescribed *Nux vom.*, but it failed to give relief, as did also *Verat.*, *Arsen.*, and *Cuprum.*, which were prescribed during my visits.

With all my efforts it was evident she was becoming exhausted from the continued and persistent vomiting, and I began to feel there was danger of her sinking under it.

At this juncture the January No. of the *Hahnemannian Monthly* came to hand, containing Dr. J. H. Marsden's article on the Arsenite of Copper. His description of some of the cases treated so successfully with it seemed very analogous to this case, and I determined to try it. I accordingly procured a small quantity in the second decimal trituration, and hastened to my patient, whom I found still suffering, and who begged me to relieve her or her faith in homœopathy would be gone.

I left her ten powders of this preparation, one to be taken every two hours until relieved, and encouraged her that she would soon be better.

On calling the next morning I was much gratified to find she had been greatly relieved and enabled to get some sleep. On commencing with the medicine she soon found that before it was time to take the next, the vomiting would return; she accordingly shortened the intervals, taking a powder as soon as the nausea began to return. These intervals grew longer and longer, until the paroxysms ceased entirely.

In conclusion I may say, that my patient had had several attacks similar to this one, but much less severe. Since taking the Arsenite, however, there has been no return.

A FATAL CASE OF PUERPERAL CONVULSIONS.

BY S. LILIENTHAL, M.D.

MRS. C., 23 years old, weighing over 200 pounds, a fat, leucophlegmatic woman and primipara, expected her confinement in the beginning of March, counting from her last menstruation in the latter part of May, 1873. Her parents are perfectly healthy; her father and brother rather spare and of choleric temperament, her mother of sanguine temperament and inclined to corpulence. From infancy up Mrs. C. was liable to convulsions. Teething, infantile diseases, the beginning of menstruation, all were ushered in by convulsions. Grown to womanhood, her courses were regular, *without convulsions or any sign of dysmenorrhœa*. After her marriage she passed through a severe attack of typhoid fever, centering in the abdominal organs, but with very little delirium, and it took her three months till she was fully recovered. Shortly afterwards she became pregnant, and during her whole pregnancy she enjoyed the very best of health, and all functions were normally carried on. Friday, the 27th of February, she was about as usual, during the afternoon entertained company, was lively in conversation, and when the ladies left accompanied them to the door. Here a sudden pain surprised her, and teasingly one of the ladies advised her to go to bed. An hour later, as the pains increased and *were continuous*, I was sent for. Arriving about 6 P.M. I made an examination, but could not make out any position. There was no sensitiveness over the abdomen, and I requested her to take it easy, be patient, and when necessary to send to my office for me. Towards 9 P.M. I saw her again, the pains were the same, the os situated high behind the pubes, and the head could be felt through the uterus in the second occipital position. Patient was up and walking about; micturated frequently. At 10 P.M. she asked permission to lie down, as she felt tired and sleepy. She slept quietly for about half an hour; her husband then accidentally entering the room, woke her up, and asking her how she felt, she replied, "perfectly easy, only tired." Half an hour later she called her sister for a drink of water, and in lying down again, for the first time complained of some trifling headache. Hearing this remark I got up to give her some Belladonna; but before some pellets were dissolved, her sister called me to her, and I found her in a fearful convulsion, her face livid

and the whole body trembling in clonic spasms. As soon as the convulsion was over, I poured some pellets of *Glonoïne* on her tongue. Another examination revealed the os uteri still unchanged and rigid. *Gelseminum* was now steadily given for about half an hour without a diminution of the convulsions, which returned frequently at short intervals. I therefore requested consultation and sent for Dr. S. P. Burdick, our well-known professor of midwifery, as there is certainly no physician in our city who possesses more skill in the application of the forceps. He also found the os rigid, recommended patience and a continuation of the means employed; but *Gelseminum* failed entirely, and we changed to *Veriburnum*, which also failed. Chloroform was then given, and it lengthened the intervals between the convulsions; but as soon as the dose of the anæsthetic was reduced, they returned in full force. During all this time, from midnight to morning, there was not the least sign of contraction in the longitudinal fibres of the uterus; they appeared as if paralyzed, and hence the ring fibres kept up the rigidity of the os, and as the finger entered the cervix, which felt funnel-shaped, and reached the os internum, a spasmodic contraction took place around the finger, thus preventing dilatation. Barnes' dilators were perseveringly tried, but to no purpose. Towards 4 A.M. we sent for one of Zentmeyer's strong electric batteries; the positive pole was applied over the fundus and the negative into the os, in order to excite contraction; but this also was only love's labor lost. Wearied, we rested for an hour; but we were obliged to return again to chloroform, as the convulsions, though weaker, kept constantly returning. We had from the beginning very little hope of saving her, and the fœtus was dead from the time of the first convulsion (in the evening I heard clearly the fœtal heart-sound). At 9 A.M. another examination revealed some relaxation of the internal os, and by careful manipulation very delicate forceps were applied high up, but the woman expired before the fœtus could be delivered.

What were the causes of these convulsions? During all her pregnancy the woman enjoyed the very best of health, and every function was normally performed. There was no albuminuria nor ammoniæmia, no dead fœtus, neither plethora nor anæmia, no mental emotions; in fact we could make out no other cause but the old peculiar irritability of the nervous system (we have already remarked that in early life she was subject to convulsions) showing itself from the very first sign of

labor by an irregular continuity of the pains. At 10 P.M., when she laid down on her bed, she was perfectly calm and expected an easy delivery, and of hysterical pains or of headaches (sick or otherwise) she knew absolutely nothing. From the time of the first convulsion consciousness never returned; her breathing remained stertorous, as if her lungs were loaded with mucus. From 3 A.M. her left side seemed paralyzed, whereas the convulsions continued on the right side, and our prognosis could only be an unfavorable one.

The question arises, what caused this perfect inertia of the longitudinal fibres of the uterus? In many cases of convulsions the ring-like rigidity of the os externum prevents the passage of the head; but in our case the os externum was not sensitive, and the constriction appeared at the os internum, which contracted spasmodically around the fingers at every attempt at dilatation. As she was a very fat woman, might not the inertia find a cause in accumulation of fat in the tissue of the uterus, thus depriving the muscular fibres of their power of contraction?

I have looked carefully through Guernsey, Ludlam, and allopathic authorities, since that eventful night. I can find no homœopathic remedy for such a case, and beg, therefore, to be enlightened. Somebody might have done better and saved a life. Those who make obstetrics a life-long study and practice, owe it to the profession to criticise even severely the treatment of such fatal cases; but let them also show how to improve it.

PLACENTA PRÆVIA.

BY J. H. MARSDEN, A.M., M.D.

UPON reading in the January number of this Journal a very interesting paper upon placenta prævia, by Dr. Friese, of Harrisburg, I felt inclined to offer a few remarks upon the same subject. Passing engagements, however, have led me to postpone the fulfilment of my intentions to the present date, March 3d.

I feel the more disposed to accomplish this purpose, because these cases are, in one sense *fortunately*, very rare, but in another view of them *unfortunately* so, because very few, even in the course of a long practice, meet with a sufficient

number to acquire a very instructive experience. And yet such experience is very important so far as regards our own satisfaction, and still more so as regards the safety of the patient.

Two cases occurring at a remote interval from each other will furnish the basis for the reflections I wish to make. I was called upon in the month of May, some years ago, by a gentleman residing eight or nine miles distant, who informed me that his wife, a young woman, mother of two children, was far advanced in her third pregnancy, and had been flooding considerably for several days. She did not expect her confinement till some time in the following July. Not being able to trace the hemorrhage to any violence she might have suffered, the probability of placenta prævia immediately occurred to me. I sent her some remedy, enjoined perfect rest, and promised, as requested, to see her, perhaps in the course of the next day or two. At my visit I found her better,—advised continued rest, but did not make an examination, not wishing to renew the hemorrhage. Shortly after I left home to attend the meeting of the American Institute at Pittsburg, after which I visited friends in West Virginia, and was for some time absent. On my return I was told that my patient had again had hemorrhage, and had come under the treatment of an allopathic physician in the neighborhood. For some weeks I heard nothing of her, until, on the 4th of July, her husband again called and told me his wife desired me to send her some medicine, on account of her extreme weakness. I gave him China, with proper directions for its use. He told me she had not had hemorrhage for some days, but was very much exhausted from her previous losses. He moreover said she wished to engage my services to attend her in her approaching confinement. To this I objected, on account of the distance, as I feared in case of severe hemorrhage she might lose her life before I could possibly reach her. I finally consented, conditionally, to her request, and advised that she should be carefully watched, and upon the return of the hemorrhage, if such should occur, that

I should be forthwith notified. About a week after this a messenger came to my house when I was absent on duty, and stated that she had been suffering from hemorrhage since the last Saturday (it was then Monday), and desired my attendance as soon as possible. This man did not follow me, and it was some hours afterwards when I reached home. I arrived at the bedside in the afternoon of that day. She was still flooding at intervals, but not suffering labor-pains, but was very considerably prostrated. The *os uteri was undilated and rigid*. I introduced high up into the vagina Braun's colpeurynter and inflated it with air. After remaining for some time and finding the hemorrhage temporarily arrested, I was about to leave, to attend to some other business, when labor-pains set in. I of course abandoned my purpose and remained with the patient. I shortly after commenced giving her small repeated doses of Ergot. These acted favorably, increasing uterine action. The colpeurynter was from time to time inflated as the relaxing tissue loosened its hold. Toward evening, upon repeating my examination, I found the *os* but very slightly dilated, when I rolled up the collapsed colpeurynter and thrust it through the *os* and then again gradually inflated it. After some time, perhaps something less than an hour, a violent pain forced out the instrument with a gush of blood. I now found the *os* sufficiently dilated to admit the hand, the placenta somewhat protruded, and after suitable preliminary arrangements, I proceeded to turn and deliver. The placenta was quickly detached upon one side, the hand carried up, and the membranes ruptured at some distance above the *os*. Here the feet were readily found, and turning and delivery effected with surprising ease. The child was born in good condition, though of small size. After the first moment of exultation from the belief that I had saved both mother and child, I turned to observe the patient's countenance. I saw the evident marks of alarming prostration, and my fears were still further excited by her irregular sobbing respiration. No hemorrhage accompanied or followed delivery, for the womb

almost immediately contracted to a solid sphere of the size of a small foetal head, and continued so. Unfortunately no stimulants were at hand, but various expedients were used to excite the action of the heart, which, as indicated by the pulse, was too rapid to be counted and too feeble to be distinctly felt, and was soon to cease. About an hour after the birth of the child, she seemed for a little while to rally. I then stepped into another apartment to take a cup of coffee, when I was very shortly recalled, to see my patient breathe her last.

This case, from the interesting character of the patient and her important social relations, caused me much distress as well as led me to a scrutinizing review of the manner in which I had treated it. The method I pursued was, I think, sanctioned by the best authorities, and yet I fear was not the best. Probably no skilful physician, from the condition of her pulse at the moment, would have hesitated to turn on the ground of anticipated exhaustion on the part of the patient, and yet I can hardly doubt but that her death arose from shock caused by the sudden emptying of the womb. The blood-vessels, which had been compressed and narrowed in their calibre, were suddenly relieved of pressure and as suddenly widened by relaxation, thus causing a sluggishness of circulation which the enfeebled heart was unable to overcome. This organ failing to receive in due amount its accustomed stimulus, and making no doubt a spasmodic effort to relieve the difficulty, failed in the attempt and ceased to beat.

I had before this read of the method of puncturing the sac through the placenta and drawing off the amniotic fluid, but I had also seen so much upon apparently good authority said against it, that I had dismissed it from my mind. That it may be useful, especially as modified by Dr. Barnes, there can probably be no doubt. And yet from the testimony of Dr. Friese, it does not seem to be of universal application, for we have no doubt that gentleman gave it a fair trial. "I would here remark," says he, "that the method of puncturing the membranes, and slowly drawing off the liquor amnii

was attempted, but for some reason or other did not succeed." Possibly the failure may have been from the fenestra of the instrument used for puncturing becoming clogged by the parenchyma of the placenta in its passage through it. If this were the case such accident might be prevented by using a metallic catheter with a piston wrapped at the end with fibres of flax and carried up beyond the fenestra. When the instrument is passed through the placenta into the sac, this piston may be withdrawn, when the fluid, by its pressure to fill the vacuum, would likely remove any obstruction.

The great objection to turning, as we would infer from the foregoing case, is the danger of fatal shock from the too sudden emptying of the womb. If it be proposed that this may be avoided by performing the operation very deliberately, to this it may be objected, that during the delay hemorrhage may still go on even to a fatal extent.

The use of the forceps is also objectionable, not only on account of the difficulty of applying them while the placental mass lies in the way, but more particularly on account of the hemorrhage that must necessarily take place while this is being done.

Reflecting upon what I had witnessed in the case above detailed, in which it will be remembered there was no considerable dilatation of the os till artificially produced, I regretted that I had not, after using successfully the colpeurynter and producing dilatation sufficient to admit the hand, simply stimulated the womb with ergot, and left the labor to be terminated by the natural powers. The result could not have been much worse, and from that of another case which has since fallen under my observation, I believe it would have been better. I advanced this thought, or rather proposed this plan of treatment in a paper read before our State Society at its meeting in Philadelphia some years ago, and which will perhaps still be found in the printed transactions of that session of the Society. Where the os, as is generally the case, is already di-

lated, of course the use of Barnes' dilators or the colpeurynter would be unnecessary.

About two years ago a patient whom I was engaged to attend in her confinement, supposed to be a month or six weeks distant, sent to me by her husband for a remedy for uterine hemorrhage, which she had been suffering for about a week. I gave *Apocyn. can.*, with request that I might hear shortly if no better. Learning nothing further about the case, I called in two or three days, and not being able to trace the hemorrhage, which had now subsided, to any violence, I suspected *placenta prævia*, and enjoined upon the patient to let me know immediately should the hemorrhage recur. It was about two or three weeks afterwards the husband called and said his wife had again been flooding for a week, and very badly through the course of that day. He said she began to suspect she had been mistaken in regard to her pregnancy, as the abdomen had greatly subsided since the former hemorrhage. As I was about to leave home in a different direction upon urgent business, and with singular stupidity he did not tell me his wife was already suffering pain, I again gave him *Apocyn.*, strictly charging him if the flooding did not very soon subside he should let me know. I hastened home and prepared everything for treating a case of *placenta prævia* and sat up till midnight. By one o'clock A.M. I was summoned by a boy to go as speedily as possible to Mrs. Y. On my arrival, to my surprise I found she had given birth after severe flooding to a dead child,—the after-birth had been extruded immediately after the child, and upon examination I found the membranes perforated quite close to the margin of the placenta. I had no doubt of the case being one of *placenta prævia*, although I had not the opportunity of digital examination. The hemorrhage had ceased immediately after the expulsion of the after-birth.

The patient told me that after each dose of the medicine her pains greatly increased, till they became very violent, rapidly extruding the child and almost immediately afterwards the *secundi*.

I am not certain that Apocyn. will increase the pains of parturition, or rather the contractions of the womb. It is, however, extremely probable that in large doses it will. I introduced it in 1854 as a remedy for menorrhagia, and I believe it is now pretty generally admitted to have a specific action upon the womb. This woman I presume took the doses frequently, and the strength was five grains first decimal trituration of the bark of the root to half a tumbler of water,—a teaspoonful at a dose.

I found the patient suffering from a most severe throbbing pain in the head, with flushed face and injected eyes. I gave her Belladonna, and as I thought with benefit, although it may seem to some that the idea of a congestive pain in the head is irreconcilable with such severe antecedent hemorrhage. It is, however, I think a pretty well established fact, that animals bled to death are found to have the brain congested. The patient made a slow but perfect recovery.

This case I think goes a considerable way in giving force to the suggestion I have made as to a mode of treating placenta prævia not hitherto in use or receiving the sanction of the profession. To re-state it briefly, when the os is rigid or undilated, introduce the colpeurynter or Barnes' gum-elastic bags, which will serve both as dilators and plugs to temporarily arrest hemorrhage. Stimulate the womb with small but pretty frequently repeated doses of ergot, and when dilatation is complete or even considerable, increase the dose either in size or frequency, but *carefully*, so as to keep its effects within control, and then leave the result to the natural powers. If the quantity of the amniotic fluid be considerable and the membranes long resist the *uterine* contractions it may be well to rupture them; but in most cases this will probably not be essential to a successful result, for the child usually being small, will be forced down speedily, so that they will give way in due time.

We do not of course suppose this method of treatment the proper one to be adopted in all cases, nor do we think any

other of all those proposed, of universal applicability. It may seem that very serious objections would lie against it in cases of mal-presentation. Such cases may, however, be detected, or at least suspected, by means of palpation and the stethoscope, and sometimes corrected by external manipulation. If not, we can adopt some other plan, better suited to the individual case, for every case should be individualized before any plan whatever is finally decided upon.

"TOLLE CAUSAM—CAUSA OCCASIONALIS."

MY DEAR MR. EDITOR: If "*An Anxious Inquirer*"* be really in earnest in his demand for information about the meaning of "*tolle causam*" and the nature of the "*causa occasionalis*," as Hahnemann used the expression, let me refer him to Hahnemann's own clear statement. He will find that he has confused notions respecting the kind of "*causa*" that is to be "*removed*," and also respecting the meaning of the phrase "*causa occasionalis*."

Hahnemann says in the *Organon* (§ VII., p. 81, 2d American from the British translation of the 4th German Edition, 1843):

"§ VII. As in a disease where *no manifest or exciting cause presents itself for removal (causa occasionalis*¹), we can perceive nothing but the symptoms, then must these symptoms alone (with due attention to the accessory circumstances and the possibility of the existence of a miasm) (§ 5) guide the physician in the choice of a fit remedy to combat the disease."

And in a note to the expression, *causa occasionalis*, Hahnemann adds:

"1. It is taken for granted that every intelligent physician will commence by removing this *causa occasionalis*; then the indisposition usually yields of itself. Thus it is necessary to remove flowers from the room when their odors occasion paroxysms of fainting and hysteria; to extract from the eye the foreign substance which occasions ophthalmia; remove the tight bandages from a wounded limb which threatens gangrene and apply others more suitable; lay bare and tie up a wounded artery where hemorrhage produces fainting; evacuate the berries of belladonna, etc., which may have been swallowed, by

* *Hahnemannian Monthly*, IX., 377, March, 1874.

vomiting; extract the foreign particles which have introduced themselves into the openings of the body (the nose, pharynx, ears, urethra, rectum, vagina); grind down a stone in the bladder; open the imperforate anus of the new-born infant, etc."

The cause to be removed must, then, be "a manifest or exciting cause which *presents itself for removal*,"—a cause which continues *operative and provocative of symptoms until it be removed*, such as the things above mentioned by Hahnemann. It is different from *exciting* causes like those mentioned by "ANXIOUS INQUIRER," *e. g.* "East wind, bathing, having the hair cut, mental emotion, joy, grief," etc., and which, having once acted on the predisposition of the patient, generally cease to operate, while the symptoms resulting from their action develop until removed by "Anxious Inquirer's" remedies judiciously applied according to his preceptor's instructions. But it is a confusion of ideas to speak of removing such exciting *causes* by "removing their effects." This is placing the cart before the horse. We do cause *effects* to cease by removing their *cause* (*Causa sublata, tollitur effectus*), but the reverse is hardly practicable. X.

PITTSBURGH HOMŒOPATHIC HOSPITAL CASES.

REPORTED BY J. H. M'CLELLAND, M.D., SECRETARY.

At a regular meeting of the Medical Board of the Homœopathic Hospital, Dr. L. H. Willard, attending surgeon, reported the following among other cases treated during his term of service:

Injuries of the Leg. Amputation and Re-amputation.

William M., æt. 28 years, May 20th, 1873, was working on a coal barge on the Monongahela river, near Pittsburgh, when he slipped and got his left leg caught in a coil of rope which was being paid out. The foot was torn off at the ankle-joint, and the muscles of the leg torn from their attachments to the leg and hanging like strings to the foot. He was immediately brought to the hospital, and after being etherized, the leg was found to be completely crushed as far up as the middle, the soft parts being all badly lacerated.

About 9 P. M. the leg was amputated at the junction of the upper and middle thirds, antero-posterior flaps being made.

The fibula was found to be splintered much farther up, so all loose fragments were removed, leaving it much shorter than the tibia; the flaps were united by silk sutures, and the patient put to bed.

He had a great deal of pain during the night, and there was some oozing of venous blood; but the next day he felt much better, and continued so for four days.

On the 25th he complained of a burning sensation in the stump, and in the evening it was found to be in an erysipelatous condition.

It seems the rope had passed around the leg and spirally above the knee, and in this track the erysipelatous inflammation appeared. Poultices were applied, and the next day he was much better. An opening appeared in the popliteal space, from which great quantities of pus were discharged. Two other openings also appeared on the same side of the stump, which communicated with the interior of the stump.

From the time the erysipelas appeared, there was an ichorous discharge from the stump, with the characteristic gangrenous odor.

The next day (the 27th) a portion of the anterior flap was found to be gangrenous and sloughed off, leaving the end of the tibia exposed. This slough made its appearance at the side of an old cicatrix, which unfortunately rested immediately on the sharp extremity of the tibia.

May 28th. After a consultation of the surgical staff, it was decided to re-amputate.

The flaps were re-opened, and the interior found to be in a very bad condition; the muscular portion of the flaps was very much degenerated, and the periosteum was separated from the bone for some distance.

The tibia was sawed off about one and a half inches higher up, this time taking off the sharp angle, after the manner of Hudson's operation, and the diseased muscular tissue removed. The flaps were then readjusted, and a dressing of carbolized sweet oil applied. The sinuses were daily syringed with a solution of carbolic acid and glycerine,—one to ten. There was some discharge of pus, which soon became of a healthy character. Considerable surface became uncovered, owing to the great amount of sloughing which had taken place; but healthy granulations soon commenced to spring up. His general health began to improve, his appetite increased, and he slept well, having little or no pain.

On Saturday, June 28th, three small pieces of skin were grafted into the granulating surfaces, and when next examined, Monday, June 30th, two of them were found to have become attached. Healing went on rapidly from these centres and from the edge of the granulating surface.

Extensive Burn of the Arm.

John Q., æt. 34 years, laborer, June 13th, fell, two days ago, while carrying a bucket of hot tar, and in falling plunged his left arm into the tar, burning it to the elbow; the tar in cooling formed a coating over the radial side of the arm, but on the remainder of the arm, and the back of the hand and fingers, blisters were formed; the hand is very much swollen. The serous contents of the blisters were evacuated, and the arm and hand enveloped in lint, saturated with carbolized sweet oil,—one part of carbolic acid, pure, to ten of sweet oil.

14th. The arm was very painful last night, preventing sleep; the blisters having filled up again, were emptied of their contents. Carbolized oil re-applied.

20th. Has been steadily improving under the above treatment, but still has considerable pain at night, preventing sleep. From this day until the 26th, the coating of tar has been gradually removed, leaving a new skin beneath.

27th. On the outer side of the upper third of forearm there is some suppuration; sleeps well and has little pain in the arm. Same dressing continued.

It was found that cotton wadding saturated with oil was less painful than either the patent lint or old linen; it seemed to remain soft longer, and was more readily removed. He continued to improve, and was discharged well on July 6th.

Fractures of the Humerus and Femur, with Dislocation of the Ulna.

Alex. D., æt. 65 years, May 24th, 1873, was thrown from a wagon, the wheels of which passed over the left thigh, fracturing it about four inches above the knee. His left arm was also broken two inches above the elbow, and the left ulna dislocated backwards.

The fracture of the arm was reduced and splints applied, after which the dislocation was reduced.

The reduction of the dislocation was rendered more difficult by the proximity of the fracture to the joint, giving very little leverage.

The femur was fractured obliquely, about the junction of the lower and middle thirds. The skin over the seat of the fracture was bruised by the passage of the wheels. This was bathed with a solution of Arnica, after which splints of binders board were applied.

May 25th. The patient was pretty comfortable, but complained of soreness in the elbow. Towards evening he commenced to talk wildly and seemed slightly delirious. It was found from the statements of friends that he had been drinking pretty freely, and was under the influence of liquor when the accident occurred.

May 26th. Was restless all last night. Delirious all day, and towards evening became very violent, requiring the aid of two or three assistants to keep him in bed. His ravings were fearful, and his cries could be heard all over the building.

May 27th. Not so violent this morning, but still delirious. As the dressings had become loosened by his struggles, the "Bavarian splint" was applied to the thigh; but as he became more violent toward evening, this was found to be useless, as it did not retain the parts in situ.

May 28th. A starched bandage was applied to the thigh this morning. Still very delirious and violent. R. Macrotin³.

May 29th. Has scarcely slept any since his admission; still delirious and tossing about. R. Hyosc⁶.

May 30th. Very violent to-day, and refuses to take any medicine. Seems to be getting weak, and wearying himself out by his violence. After consultation, I decided to administer Morphia subcutaneously, which was done in the evening. He soon fell into a sleep, which lasted nearly twenty-four hours.

June 1st. Is rational, but very weak. Dressings re-adjusted, after which he got along comfortably until June 6th, when he complained of soreness of the buttocks. An examination showed a bed-sore in the sacral region. This was bathed with a solution of Arnica, and a compress saturated with glycerine and alcohol applied.

June 7th. The dressings on the arm were removed this morning; the swelling had disappeared, and also much of the soreness from the elbow.

June 11th. Is very much troubled with a racking cough. R. Phosph.⁶ every two hours.

June 12th. Cough better. The dressings on thigh were renewed, and extension by weights (two bricks) applied to the leg.

A perineal band was applied, for counter-extension, but after a few hours trial it was dispensed with, as it became painful and excoriated the skin. Instead of this, the foot of the bed was raised about four inches, thus making counter-extension by the weight of the body. The bed-sore is about well.

June 26th. The arm has given no pain since the first day. The dressings of both arm and leg were renewed to-day. A large callus was found around both fractures. There will be very little shortening of the leg. The elbow is somewhat stiff, but he will have a useful arm.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY TRIMBLE PRATT, M.D., SECRETARY.

A regular quarterly meeting of this Society was held in Philadelphia, January 6th, 1874.

In the absence of the President, the Vice President, L. B. Hawley, occupied the chair. After reading the minutes of the previous meeting and the transaction of some preliminary business, the subject selected for discussion was taken up and introduced by Dr. Hawley, who read an article on Uterine Displacements (See *Hahnemannian Monthly*, March, 1874, p. 337).

After the reading of the article, a discussion was participated in by a number of the physicians present, the majority ignoring the use of pessaries and other supporters, except in extreme cases, a great difficulty in the use of the former being to procure a properly fitting instrument. A number of cases were cited in illustration of the various forms and degrees of severity of the trouble, as follows:

DR. C. PRESTON related the case of an operative in a mill, who suffers from prolapsus, and in consequence experiences much difficulty at the menstrual period, being compelled to keep her bed two or three days. From the fact of her being compelled to continue her duties at the loom, he considered this a difficult case to relieve without some mechanical aid, and would inquire what was thought best to adopt in like cases. He thought that the majority of those who suffer from this difficulty are between twenty and thirty years of age and unmarried; hence, in his opinion, prolapsus may be prevented and

even cured by child bearing, provided the bandage be not used; and this last, the non-use of the bandage, he considers of great importance, having proof from practice of its injurious effects. And, too, it must be remembered that the properly selected homœopathic remedy has much power in assisting to a cure, for in a case of a lady who had prolapsus to such an extent that the womb came out, and in connection had leucorrhœa, relief was obtained by the use of *Sepia*^{2a}.

DR. J. L. SCOTT had treated some cases successfully by the use of the pessary, but in others had had it fail. He coincided with Dr. Preston in the belief that the greatest difficulty lies in procuring an instrument adapted to the peculiarities of the case.

DR. HAWLEY related the following cases in confirmation of Dr. Preston's observations:

Case I. A lady, a school teacher, being employed as such for ten years, for the last eight years had suffered from prolapsus. The womb was replaced with some difficulty, only to return, was replaced a second time, and a supporter used, which served to retain the organ until pregnancy took place, and after confinement, there being no bandage used, there was no return of the trouble.

Case II. A lady had suffered from prolapsus for four years, having used a pessary; finally, at a menstrual period, had a hemorrhage, for which *Ipec.* was prescribed; this relieved the flow, and since then the prolapsus has been much better.

DR. H. N. MARTIN believed that in many cases homœopaths lose ground while endeavoring to obtain relief by the use of the pessary, as patients so frequently only consult a homœopath after they have gone the round of other schools and tried all manner of artificial appliances; though he also agrees with Dr. P., that there are some cases in which it seems necessary to resort to the pessary as a means of alleviating suffering until the effects of medicine may be obtained,—as in the following cases:

Case I. A janitress, whose duties were very arduous, and who was compelled to continue at her vocation, had prolapsus of such an aggravated form that there was protrusion of both the womb and a portion of the vagina. In this case the treatment consisted in the use of Hodge's pessary, and as an internal remedy, *Podophyl.*, one dose a day, at night; in three months the pessary was removed, and she was discharged well.

Case II. A lady suffering from the same difficulty, was

placed in bed upon the back, with the hips elevated, and internal remedies alone relied upon, perfect relief being secured. In cases where the womb is engorged, and it may be, ulcerated, thinks a good means of support is found in a sponge saturated with glycerine, allowing it to remain a week at a time, when it may be removed, cleansed and replaced.

Case III. A lady, complaining of uterine trouble, was found wearing a pessary, which had been allowed to remain three years without being removed, and upon an effort to remove it being made, it was found embedded in the vaginal walls; its dislodgement was effected with difficulty, though followed by recovery.

In regard to the remedies most useful in this weakness, thinks *Aloes*, *Podophyl.* and *Sepia* will cure nine-tenths of all the cases of simple prolapsus uteri.

DR. R. C. SMEDLEY in his thirteen years of practice, has never introduced a pessary; but on the contrary has removed some, and by so doing relieved his patients; uses supporters in some cases, and as internal remedies uses oftenest *Rhus* and *Nux vomica*; also *Lilium tig.* In addition advises moderate gymnastic exercise as a means of strengthening the pelvic organs, such as holding to something above the head and drawing the body up by the arms, this having a tendency to raise the womb; also recommends holding the arms above the head upon assuming the reclining posture, this alone having a tendency to raise the womb, thereby securing greater ease while lying.

DR. J. C. MORGAN offered his testimony in favor of Dr. Smedley's method, believing it to be a good practice, and thought that when it becomes necessary to use a pessary, there should be a measurement taken of the vagina, and an instrument procured to suit the peculiarities of the parts to be supported. He related a case (showing the ill effects of compression of the waist) in which there was ulceration, the first effect being to produce intussusception and consequently retroversion; from the same cause may be produced other malpositions of the uterus, causing many of the pains located in this region, together with the very prevalent irregularity in menstruation.

He also related a case of retroversion and lateral flexion, with the following symptoms and treatment: The pain extended from the ovary around to the back, above the hip. The patient was kept in a prone position, and a supporter

used, consisting of a diaper towel fastened around the waist, and kept down by straps passed under the perineum. As an internal remedy, *Æscul. hipp.*, which proved curative. Would also recommend as useful remedies in these displacements, *Sepia*, *Acon.* and *Cannab. ind.*

DR. J. B. WOOD would only reiterate what he has spoken and written before, that the great majority of the cases of prolapsus are produced by lacing. He also thinks in regard to the use of the pessary, that ere long they will only be used by those who desire to humbug their patients.

Next followed a general discussion, *pro* and *con*, upon the use of the bandage after parturition, the majority exclaiming against its use, practice having proven conclusively that rather than being a benefit it is an injury from the fact that the abdominal muscles will contract much more readily if left free than if compressed; hence the explosion of the old idea that the form of the person is better maintained by a tight bandage.

Next there was a general discussion upon the subject of "Helminthiasis," and remedies were recommended both for the cure and prevention of the same. Dr. G. G. Griffith gave as his opinion that the principal cause of the existence of worms lies in improper diet.

DR. L. HOOPES related the case of a lady now under treatment for a dry cough and a continual flow of saliva, the peculiarity of the case being a craving for starch, the use of which ameliorated the cough and caused a diminution in the flow of saliva. *Iodine* was suggested as a remedy probably useful in the case.

Propositions for membership now being in order, the name of G. R. Knight, M.D., was proposed, and by motion the rules were suspended and he was elected.

The Society then selected as a subject for discussion at the next meeting, "Ventilation and Hygiene of the Sick Room," with Dr. W. A. D. Pierce, Essayist, and Dr. J. B. Wood, Alternate.

On motion, the Society adjourned, to meet in Philadelphia on the 10th of April, 1874.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBT. J. M'CLATCHEY, M.D., SECRETARY.

A REGULAR monthly meeting of the society was held on the evening of Thursday, March 12th, 1874, at the Hahnemann College Building. In the absence of the President, Dr. J. G. Houard was called to the chair.

The minutes of the preceding meeting were read and approved.

The Secretary proposed Dr. A. G. Rembaugh for membership, and Dr. P. Dudley proposed Dr. J. J. Griffith. These propositions were laid over for one month under the rules.

Dr. B. W. James then presented his usual monthly report, as follows:—

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

WEATHER PROVING.

Observed at the N. E. cor. Eighteenth and Green Sts., Philadelphia, Pa.

February.	Average Temperature.	Barometer, Average for the 24 hours.	Velocity of Wind.	Mortality Record.	Disease Tendency.	Atmospheric Conditions.
1	17	30.67	20		Pains about the chest some croup.	Day fair, but very chilly and somewhat cloudy.
2	30	30.21	8		Stiffness and aching of the muscles.—Rheumatic pains.	Morning very cold, cloudy and damp, chilly air; 11 A. M. snowing and continued all day.
3	35	30.01	20		Pleurisy and hoarseness.	A. M. hailing and raining—some snow—then clear & warmer. Evening cloudy and snow.
4	27	30.32	6		Catarrhal colds. Weak eyes suffer.	Sunny, bright and clear, pavements slippery and wet (sleighting fair).
5	24	30.52	10		Several patients complain of a full feeling in lungs as if they would have a hemorrhage.	Snowing a little, early, then clearing off and bright day. Evening slippery and dry.
6	19	30.05	24		Accident cases from falls, fractures.	Morning N. E. wind, cloudy and chilly. 3 P. M. slippery, snowing, and continued all night; snow belt extended from Albany to Washington and as far West as La Crosse.
7					Pains about the chest	Cloudy and damp—slight snow—clearing 10½ P. M.
8	24	30.36	9		Anginas worse.	Clear day (good sleighting).
9	26	29.92	13		Cases of abdominal pains without diarrhoea; & diarrhoea with rumblings.	Cloudy—clearing off in the night.
10	32	29.82	7		Painless, watery diarrhoea, with nausea.	Clear—cool and genial air.

February.	Average Temperature.	Barometer. Average for the 24 hours.	Velocity of Wind.	Mortality Record.	Disease Tendency.	Atmospheric Conditions.
11	33	30.02	1		Loose bowels, with great accumulation of gas in bowels and stomach, both in infants and adults.	Clear—cool and bracing air.
12	29	30.16	8		Neuralgias. Diarrhoeas increasing.	Clear all day—snow melting in the sun.
13	51	29.80	18		Paralysis cases occur. Headaches, numb feelings.	Cloudy morning, with rain about 11 o'clock, and rainy and warm all day—clearing towards midnight.
14					Headaches, giddiness and nausea, diarrhoea.	Clear, warm, windy morning and afternoon calm, mild and clear.
15	36	29.98	6	Death 8 A. M. Encephaloid of mouth and face: case was previously reduced by copious hemorrhage.	Anginas and hoarseness.	Clear and mild all day.
16	37	29.86	17		Anginas and coughs.	Cloudy morning—clearing towards noon, and then clear and mild.
17	22	30.22	12		Periodic neuralgias continue, but are better.	Clear, cool and bracing all day; winds.
18	28	30.40	4			Clear, morning cold; warm as day progresses.
19	40	30.17	3	Death 2.55 P. M. Phthisis pulm. Great emaciation; no struggle; passed away as if going to sleep.	Anginas worse. Aphonia cases.	Cloudy, N. E. wind. Drizzling rain Aft. and Eve'g.
20	43	30.17	1		Coughs troublesome (oppression).	Cloudy all day.
21						Clearing about 10 A. M.—mild.
22	40	30.14	14		Cases improving.	Clear and mild.
23	50	30.08	22		Great many neuralgia cases.	Winds—mild day.
24	32	30.59	8			Cooler—cloudy.
25	24	30.03	16		Mild type of measles prevailing.	N. E. Snow storm, commences 8 A. M.
26	27	30.22	8		Many cases have earache.	Clear—snow melting.
27	32	30.34	8		Typhoid cases more comfortable and better.	Clear, bright, bracing day; streets wet and muddy from the melting snow.
28					Hæmoptysis and disposition to Hemorrhages generally.	Clear, bracing, genial day; streets wet and muddy from the melting snow.

ODD SYMPTOMS.—1st case. This singular case was a married lady who had had neuralgic pain in the right ear for several days before calling upon me. The right side of the face became jaundiced and right side of the mouth, so that when she put her tongue out on that side she experienced a bitter taste; but when put out on the left side, she did not experience it. The general yellow cast was specially observable in the temporal region and side of face. The right eye had more

yellowness of the albuginea than the left. The hands and other parts of the body were of a natural color.

Another case. Had a feeling in right side of the head, as if there was another half of a head attached to that side, and she was inclined to put up her hand frequently to feel if it was the fact. The symptom went away suddenly. She was nervous at the time, and subject to general headaches. Had also an attack of dysentery at the time.

Another case. Married lady. Feeling at the heart as if the hand grasped it and then let go, repeated several times. Sharp pains attending it, succeeded by a fluttering sensation. It occurred several times during the day. Has left ovarian dropsy and some pericardial effusion. There was irregular action of the heart, as if it stopped and then suddenly started and went on again; and these attacks repeated themselves many times during the day.

RETURNING YOUTH, OR SECOND MENSTRUATION.—A physician of this city mentioned to me the case of a lady in her 105th year, who for some months past has been regularly menstruating after the lapse of so many years since her climacteric period.

The Bible refers to a number of instances where women in advanced life became mothers; and in patriarchal times most females bore children at advanced ages. Noah was 500 years old when he begat Shem, Ham and Japhet; while Enos, Seth, Enoch, Methuselah and many others are mentioned as having sons and daughters when hundreds of years of age.

WHAT REMEDY?—Dr. Newton May, of Holmesburg, asks this question, which we would like the Society to consider and answer.

What remedy will cure the peculiar (cracked) voice of puberty which continues the remainder of life after this period is passed?

The scribe suggested a laryngoscopic examination of such cases, in order to ascertain if there had not some lesion of the vocal cords taken place, or some thickening of a permanent nature, produced accidentally at this period, which was beyond the reach of any medicinal agent to remove.

BAPTISIA IN NEURALGIA OF THE BOWELS.—An article under this caption, by Dr. C. P. Hart, appears in the March number of the *American Observer*, from which we take the following:

“As frequently happens in these cases, the disease was

found to be distinctly intermittant, the paroxysms occurring just after midnight.

"In the case under consideration, the feeling was described as one of extreme uneasiness rather than pain, being of a pressive and drawing character. The sensation was compared to that of something 'crawling about' in the abdomen. At other times there was active abdominal congestion, as evinced by a constant throbbing in the epigastric and umbilical regions. The paroxysms were frequently accompanied or immediately followed by vomiting, purging, and great prostration, showing more or less congestion of the portal system, and a hyperæmic condition of the stomach and bowels. The pulse, which at first was generally accelerated, soon became slow and weak, and at times almost imperceptible. This symptom more particularly led me to prescribe *Baptisia*, which proved to be the true specific.

"I gave the third dilution,—fifteen or twenty drops in a glass of water, in tablespoonful doses every half hour until the paroxysms were arrested. No other medicine was given, except a dose or two of *Lachesis*³⁰, for burning in the abdomen. The paroxysms soon became milder and shorter, and the attacks less and less frequent, until finally they disappeared altogether.

"It is instructive to compare the above characteristic symptoms with those of the remedy employed. The provings of *Baptisia* by Drs. Burt, Douglas, Thompson and others, are amply sufficient to demonstrate its homœopathicity to this class of cases.

"Dr. Hale says: The *general* action of *Baptisia* upon the nervous system, is that of a sedative, and it seems to cause a degree of paralysis, both of sensation and motion. However this may be, it is highly probable that *Baptisia tinctoria* has no superior as a remedy for *neuralgia of the bowels*, or as it is sometimes called, *neuralgic colic*, especially when associated with or in any manner dependent upon, either a scorbutic or typhoid condition of the system."

COLLODIUM CANTHARIDATUM.—A poisoning case with this drug is related in the *American Observer*, translated by Dr. Lilienthal. It is an article from Dr. E. Schwerin, of Berlin. This much of the case we will note:—

"Mrs. G., æt. 23 years, well and hearty except some slight hysterical symptoms, enjoyed good health up to June 5th, when, after a trifling quarrel, she was attacked by crying spells and fell down unconsciously. The frightened mother

hurried to her medicine chest, and in the idea of giving her some etherial valerian, gave her on sugar fifteen drops of *Collodium cantharidatum*, after which the spasm subsided and she felt apparently well. An hour later she complained of terrible pains in the epigastrium, with the remark that she could pull off large flakes from the mucous membrane of the lips and mouth. The pains increased from hour to hour in spite of all the usual anti-spasmodics, poultices and injections; she complains now of severe burning in the mouth and throat, copious bilous vomiting, boring pains in both lumbar regions, especially on the left side, and of an excessively painful cysto-spasmus; the face shining red, the eyes staring. Four hours had thus passed, when I was called in, and found the woman screaming and like crazy running about the room; the upper part of the body bent forward in nearly a right angle, both arms crossed over the abdomen; every minute she still pressed out a few drops of urine, with the most excruciating pains; from time to time a kind of cataleptic fit set in; the eyes stare, the voice is stammering; the pulse small, moderately frequent. Furor eroticus not present.

THE POTENCY DOXY.—An article by Dr. D. Colton in the *American Observer* has the following in it:—

“The idea that the 40^m potency is efficacious is rather startling to the inexperienced observer. Yet if it is true, as the spiritualist avers, that matter touches spirit all the way from the atom up to the universe, and that spirit essence is represented by a sort of ethereal nebulosity, similar to the gaseous aggregations which condense into worlds, it is not strange that the delicate forces in this frame of ours, should respond to what in figures and by comparison might seem an incredible potency.

“Yet I cannot think that any potency is other than materialistic in character. The remedy must be either present in substance or have transmitted its force to the vehicle, by means of which it is elevated.

“On the same principle the low potencies are not to be derided. Even *Acon.* 1 to 10 may be administered in accordance with direction given by either Jahr or Hempel, and afford such clinical observations as not to place the prescriber without the pale of professional orthodoxy or practical success.

“The clinic has its perplexities as well as other departments in medicine. He who has charge here, must answer some difficult questions, and these relate quite as much to the pub-

lie as to the profession. The inquiry in the one case is made whether it be measles or scarlatina, in another it is demanded whether it be small pox or measles.

"Such questions are readily answered in cases that come under the ordinary rules for differential distinction. But in some of the cases the symptoms are so mixed and uncertain as not unfrequently to puzzle experts in making a decision."

DIFFERENTIAL DIAGNOSIS.—SCARLATINA.—VARIOLA.—VARIOLOID.—VARICIELLA.—RUBEOLA. By Dr. C. A. Colton.

"As ordinarily observed, the characteristic features of small-pox, chicken-pox, measles and scarlatina may be briefly stated as follows:—

The pulse in small-pox is inflammatory or bounding; in measles the pulse is less frequent and expressive; in scarlet fever, it is characterized by its great frequency, accompanied by heat of skin. In chicken-pox the introductory fever is quite mild.

In scarlet fever and chicken-pox the characteristic expression of each begins to show itself upon the skin on the second day; in small-pox and measles the same occurs about the fourth.

In scarlet fever there is soreness of the throat; in small-pox the throat is often affected. In measles there are coryza and bronchitis, but rarely sore throat.

In chicken-pox the eruption is vesicular throughout, and appears on the second, or by the end of the third day. The most of the vesicles erupt within 24 hours from their first appearance, although there may have been several crops of them during this time. They attain their height on the third or fourth day of the eruption, and then burst and shrivel without presenting any cup-shaped depression."

DYSMENORRHOEA. By Dr. W. Neftel, N. Y. We take the following extract from an article in the February number of the *North American Journal of Homeopathy*:

"The mechanism of dysmenorrhœa can be supposed to take place in the following way:

An irritation originating in the uterus (or perhaps elsewhere) is propagated to a nervous centre, whence it is transmitted to motor nerves, which produce the spasmodic contraction of the muscular fibres of the uterus. Usually the irritation is caused on the mucous membrane of the uterus, by the pressure of the accumulated menstrual blood, the free escape of which is impeded. The nervous centre where the irritation

is transmitted from the sensitive to the motor nerves, remains undetermined. Supposing this hypothesis to be correct and able to stand the test of a direct experiment, it may be asked, which are the sensitive nerves conducting the reflex irritation to the motor fibres, and which are these latter that contract the uterus? This question has not yet been satisfactorily answered. It is known from the experiments of Kilian, that uterine contractions can be called forth by irritating the cerebellum, the medula oblongata, and the spinal cord. The sympathetic is the way through which the excitation of these organs is propagated to the muscular fibres of the uterus, according to Longet, Valentin, Budge, Oberniér, Frankenhauser, and others. Frankenhauser has proved by direct experiments that the plexus uterinus is the motor nerve of the uterus. This is corroborated by the fact that all the nerve branches composing this plexus contain motor fibres, such as the plexus mesentericus superior, the irritation of which produces contractions of the intestinal canal and of the uterus, the renal nerves, and those originating from the second and third lumbar ganglia of the sympathetic. These latter communicate with branches of the spinal cord, and Budge has produced most powerful uterine contractions by irritating this region of the cord. The motor branches from the renal ganglia to the plexus uterinus bring the kidneys into close relation with the genital organs. This explains the frequent derangement of the urinary secretion during pregnancy, and in various uterine diseases.

The sacral nerves are considered as the sensitive nerves of the uterus. The following case, described by Scanzoni, is very instructive with regard to these points: A woman with complete paralysis of the lower half of the body, was delivered of a child without feeling any pain. The patient died ten days later, and at the *post mortem* the spinal cord was found compressed by a hydatid tumor at the level of the first thoracic vertebra. The symptoms can be explained by admitting that the sympathetic produces the uterine contractions, and that the sacral nerves are the sensitive nerves of the uterus.

In dysmenorrhœa, as in other visceral neuralgias, we meet with abnormal activity of the vascular system, which must be considered as a reflex phenomenon from irritation of the sensitive abdominal nerves upon the vagus.

The splanchnic nerves, the most powerful vaso-motor nerves, which exercise so great an influence upon the circulation in

the abdominal viscera, very probably also participate in the production of the phenomena of dysmenorrhœa.

It is likewise probable that in dysmenorrhœa the galvanic treatment not only affects directly the uterus and its nerves, but also influences them indirectly through the splanchnic nerves by modifying the circulation in the pelvic organs."—*American Observer*.

DR. P. DUDLEY remarked that the symptom of "grasping of the heart" was in the pathogenesis of *Cactus grand.*, and that he had verified this symptom in two cases.

DR. JACOB JEANES suggested, in reply to the query of Dr. Newton May contained in the Scribe's report, that any of the species of *Juglans* might prove curative in the condition related.

DR. JEANES then read an interesting and valuable paper on the question, *Was Hahnemann an Alternater?* [See p. 389 of this number.]

DR. A. KORNDØRFER then read the following paper, entitled

HAHNEMANN CORRECTLY RENDERED.

IN compliance with the request "that the passages relative to alternation, found in the writings of Hahnemann, be correctly rendered and placed in juxtaposition with the translations of the same passages as given in the Am. Ed. of the Chronic Diseases, etc.," the following has been prepared.

Chronic Diseases, p. 122, Am. Ed. "We have now to treat of the third stage of the disease, in which the syphilitic disease is found complicated with *psora*. If this complication occur, the psoric miasm is not in the way of a thorough cure of the syphilitic disease; *but it is impossible to effect the cure of the syphilitic disease, complicated with psora, by one remedy only.*" The last full sentence of the above paragraph in the original reads thus: German Ed., p. 115. "From the last (namely the undeveloped *psora*) the cure of syphilis is not impeded; *but when with developed psora in complication, it is impossible to cure the syphilitic disease alone.*"

Page 123 Am. Ed. we find: "First we exhibit one or more anti-psorics, in proportion as they are indicated by the symptoms." This form of expression would lead to the impression that Hahnemann intended more than one to be used at a time, in proportion to the variety of the symptoms. Yet if we will but look at his instructions on page 116, German Ed., where

he says: "First is employed against the present state of disease, namely psora, the, as hereinafter taught, homœopathically appropriate anti-psoric, and when this has exhausted its action, a second, which suits most thoroughly to the remaining psoric symptoms, allowing this to act against the psora, until it has accomplished all which for the time it is possible to improve. After which only, can we give the above mentioned dose of the best mercurial preparation, which we allow to act three, five to seven weeks, *i. e.*, so long as an improvement of the syphilitic symptoms continues.

"In old, severe cases, we will not attain our point through one such course. Generally sufferings and complaints remain, which we cannot clearly decide to be characteristic of psora, and others not characteristic of pure syphilis, these still require aid. A repetition of a similar curative process is here necessary, namely, the use again of one or more from the remaining not yet prescribed anti-psorics, which, considering all things, will be here best adapted, continuing until that which is non-syphilitic, that is, what seems psoric, is removed: after which the previously recommended dose of the mercurial, but in another potency, allowing it the proper time to finish its action: until not only the manifest symptoms of syphilis (the stitching, painful ulcers of the tonsils; the round copper-colored blotches, which show through the epidermis; the non-itching papular eruption on a bluish-red base, found especially on the face; the unpainful, flat, pale, clean, cutaneous ulcer, which is almost level with the healthy skin, and covered only with a slimy substance, found on the scalp, skin of the penis, etc.; the nightly boring pains in the exostoses, etc.), have disappeared; but as the secondary symptoms of syphilis are so variable that their present disappearance is no evidence of their entire removal, the remedy should be allowed to act until the only positive indication of a complete cure of the venereal disease is developed, viz.: the entire disappearance of the discoloration and return of the healthy color at the cicatrix formed by the removal of the chancre through cauterization."

This passage has been given in full that it may be more perfectly compared with the translation of 1845, and farther that Hahnemann's idea of alternation according to symptoms might be more correctly understood. Where he gives less specific directions, it is supposed the reader has already become acquainted with the spirit of the treatment for such complications; else the reader is referred to specific instructions to be found in some other part of the treatise.

The next passage which attracts our attention, we find on page 162, Chronic Diseases, Am. Ed. "Sometimes such a modification of symptoms may occur, as will make it necessary to alternate the Sulphur with Hepar sulphuris. If several doses of this latter remedy should be required, they are to be given in different degrees of potency, though always of the same magnitude. Sometimes even a dose of Nux vomica³⁰ or of Mercury³⁰, may have to be given as an intermediate remedy." This is what might be termed an extremely free translation *from* the original, rather than a correct translation of the idea expressed *in* the original. Farther on (middle of page 162) this passage would seem to stand corrected, or at least give evidence of great looseness in the author's construction, evidence which would show Hahnemann in a light altogether foreign to his character, for although frequently we find him writing in very heavy periods, yet when the substance is gone through with, the meaning at once becomes quite clear. Even the translator is compelled to render the last reference, "it is often necessary to give at intervals Sulphur or Hepar sulphuris according as either remedy is indicated." Still the expression with its connections lacks that positiveness so characteristic of Hahnemann in his writings, and through this very lack has as a rule been misunderstood. Let us direct our attention to the original of the above quotation as found in the German Edition, p. 158. Here you must pardon a long quotation, as without it we may be left somewhat in the dark. Simply culling a part admits too readily of perversion. "By way of example, the itch eruption belongs, among others, to those diseases which above all will allow of the direct repetition of the doses (Sulphur), and more frequently allow it the sooner after infection the case comes under treatment, as it then yet borders on the nature of acute disease, and therefore calls for its remedy in repeated doses at shorter intervals than in those cases which have for a long time existed on the skin. Yet always as before said, so that the repetition only takes place after the preceding dose has already to a great degree spent its action (after six, eight, ten days), and that the dose be not only as small as the preceding, but especially that it be prepared for the patient in a different grade of potency. It will, however, often prove useful, *according to the modification of symptoms*, to give between the doses of Sulphur, at times, a small dose of Hepar s. c., also in different grades of potency (in case more than one, from time to time, is

needed); and not seldom in accordance with the conditions, a dose of *Nux vomica*³⁰, as well as of *Mercury*³⁰, as intermediate remedies.

"If I except the Sulphur, *Hepar s. c.*, and in certain cases the *Sepia*, the remaining anti-psorics allow but seldom with benefit to be repeated in immediate succession. This in chronic diseases we would scarcely dare; having so large a store of anti-psoric remedies at our command, from among which to select another suitable anti-psoric as soon as the well chosen remedy has accomplished its work, but a change of symptoms, an altered picture of disease comes to light. Such suitable anti-psoric can be used with greater advantage and more certain prospect to accelerate the cure than if we hazard the use of the now not quite suitable remedy. Still with very tedious and complicated mostly allopathically spoiled diseases it will almost always be necessary from time to time, anew, during the cure, to give a dose of Sulphur or *Hepar sulphuris* (*in accordance with the character of the symptoms*). When under previous allopathic massive doses of sulphur and sulphur baths the patient has been spoiled, the Sulphur may only be given subsequent to a dose of *Mercur*.³⁰

"Where, as is generally the case during the cure of chronic diseases, various anti-psorics will be necessary, the frequent rapid alternation of the same is an indication that neither the one or the other has been homœopathically adapted to the case when selected by the physician, and just as little has he properly investigated the symptoms of the disease for the administration of a new remedy. Into such mistakes the homœopathic physician frequently falls, through too great haste during urgent attacks in chronic, yet still more frequently in acute diseases."

It would seem scarcely necessary to multiply words in order to call attention to the points found in this quotation which are at variance with the alternation theory; the translation as here given has been rendered as literally as possible, in order to preserve the exact expressions of Hahnemann. Taking some of the translations at present in the hands of the English reader, there can be no wonder at the deduction of the alternation theory therefrom; though how any translator could make the alternation ideas so manifest, with the clear and unmistakable expressions of Hahnemann to confront him, seems, indeed, a mystery, unless it be explained on the theory of a desire to have them mean alternation because he himself was an alternater.

Words could not be more pointed than the unmistakable "*as soon as* the chosen remedy has accomplished its work, and through a change of symptoms with the patient, an altered picture of disease comes to light, select another suitable homœopathic anti-psoric," "according to the modification of symptoms." Again, note the expressions "only after the preceding dose has already to a great degree spent its action," as "the frequent rapid alternation of the same is an indication that neither the one or the other has been selected homœopathically."

How Hahnemann could have been more explicit seems, indeed, difficult to decide, for in almost every case where reference is had to alternation, the explanation is given as to when and how the change should be made. One would scarcely expect more, except for the most thoughtless reader. Yet it may be readily explained how such ideas have crept into our school: in the first place it was easier to give a number of remedies than to search for the one truly homœopathic to the individual case; and in the second place those who had naught save the translations as their guide, were misled through the omission of the explanatory phrases, which were so frequently used by Hahnemann, that a more frequent repetition would seem almost as useless as to repeat on every page of an arithmetic the fact that $1+1$ equals two. The passages noted in this paper, together with those found in the February number of the *Hahnemannian Monthly*, comprise the principal allusions to alternation as found in Hahnemann's works.

The use of Aconite and Coffea, alluded to in the January meeting of the County Society, scarcely needs comment. The expression as found in the foot note to Belladonna in the *Materia Medica Pura*, Vol. I., p. 17, is so clearly opposed to alternation as at present understood, that to quote it is sufficient to disprove the assertion that alternation is taught therein. Hahnemann says:—

"Give the first (Aconite) against the fever and the increasing restlessness and bodily anxiety; the last (Coffea) against the extremely violent pains with tearful mood." "as the one or the other is indicated." When the symptoms change and pass out of the curative range of the remedy in use, give another remedy selected according to the present state of the case, and if the groups of symptoms alternate in their appearance, the remedies must be adapted to this alternation, though the time for prescribing the remedy depends entirely on the

change itself. To administer the remedy prior to the change is both uncertain in regard to its effect, as well as in direct opposition to the plain teachings of Hahnemann.

The subjects involved in these papers were then briefly discussed by Drs. Jeanes, Dudley, James and Korndörfer.

DR. BUSHROD W. JAMES, in reply to an inquiry by Dr. Korndörfer as to hæmatemesis cases occurring recently, said that in the latter part of last month and running a few days into the present month, when we had a mild, clear spell of weather, he had observed a great tendency to hemorrhages, not particularly from the stomach, but some were from the lungs, some from the bowels, and some cases had epistaxis, while those who were subject to hemorrhoidal flows, were worse about that time. There were no high winds prevailing, nor did the thermometer vary much during that period. It was a mild, clear spell of weather succeeding a snow storm. There was considerable dampness of the air at the time from melting of the snow and evaporation of the moisture, and the diseases were assuming a typhoid character just at that time, although typhoid cases had been improving just previous to this hemorrhagic tendency.

With regard to this vexatious subject of alternation by Hahnemann, he had very little or nothing more to say; but he thought if Hahnemann was living in this country and in these more recent years since such rapidly fatal maladies as diphtheria and spotted fever (cerebra-spinal meningitis) were prevalent, Hahnemann would doubtless be what he considered an alternater. For instance, in typhus petechialis, where patients frequently die in twenty-four hours, yet in sixteen hours from the first symptom presenting itself, the case is rapidly sinking into fatal symptoms, you select your best adapted homœopathic remedy; in three or six hours your case is still worse, and wishing to save it another remedy is given. You find in five or six hours no improvement, the case still worse; the next remedy corresponding most nearly to the case is given. Now what has been done? You have alternated three remedies in the case, for the books tell us that the first remedy will act several days, the next for weeks, and probably so with the third remedy. Here they would all be in the system together, and of course they would be alternated medicines, because the action of the first had not been expended before the second was given; in fact the dangerous

nature of the case would have carried it off by the disease while you were waiting to see if you had selected the proper medicine. Nature assists herself in nullifying or neutralizing the effects of a multitude of inimical substances taken into the body through the air, food and drink every day and constantly; why then should we be so fearfully afraid of these agents we call medicinal in urgent cases and quickly acting maladies when nature only selects such drugs as are adapted curatively to her wants, and repels or throws off the unadapted ones.

The Society then made the following nominations for officers, to be elected at the Annual Meeting in April.

President: Drs. H. N. Martin, J. G. Houard, A. H. Ashton, B. W. James, P. Dudley.

Vice President: Dr. Jacob Jeanes.

Treasurer: Dr. A. H. Ashton.

Secretary: Dr. R. J. McClatchey.

Scribe: Dr. B. W. James.

Censors: Drs. A. Korndoerfer, P. Dudley, H. J. Sartain, C. S. Middleton.

Committee on Provings: Drs. A. Korndoerfer, Jacob Jeanes.

MR. A. B. REYNELL was then introduced by the Secretary, and made some remarks relative to the proposed site of the new Homœopathic Hospital to be erected in Philadelphia. The Secretary read the charter of the contemplated institution.

The Society then adjourned.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Applications for Membership.

It is earnestly requested that all applications shall be sent to Dr. R. J. McClatchey, General Secretary of the Institute, No. 918 North Tenth Street, Philadelphia, by the first day of June next,—the next meeting commencing on the 9th—in order to have them in the hands of the Board of Censors, to be acted upon promptly, and thus admit of accepted applicants being elected early in the session, that they may participate in the doings of the Institute. Blank applications can be obtained from the Secretary.

By-Laws, Art. IX., Sec. 1: "Any person who shall have pursued a regular course of medical studies, according to the

requirements of the existing medical institutions of our country, and who sustains a good moral character and general standing, and who has obtained a certificate of three members of this Institute, attesting to compliance with the above requirements, and by the Board of Censors has been found satisfactorily qualified in the theory and practice of homœopathy, and so reported to the Institute, may be elected a member thereof; and upon the payment of two dollars, shall receive a certificate of such election."

Applications handed to Board of Censors shall state when and where the applicant graduated, name of college, etc.

Members of the Institute will see the paramount importance of being particular in certifying to the standing and efficiency of applicants, and of having a *personal knowledge* of such efficiency; and more particularly so, as the Board of Censors cannot, in a great number of cases, have an interview with applicants for membership. The three members of the Institute make themselves, individually and collectively, responsible for such recommendation.

On behalf of the Board of Censors,

F. R. McMANUS, M.D., Baltimore, Md.,
Chairman Board of Censors.

[The *General Secretary* will promptly furnish blanks for applications for membership, on being applied to. The official circular, to be issued May 10th, will also contain a blank application. Members are requested to use their influence in securing additional properly qualified members, and, as well, a large attendance at the forthcoming meeting of the Institute at Niagara Falls, on June 9th; which meeting gives every promise of being of unusual interest and value in every respect.]

EDITORIAL NOTES.

AMERICAN INSTITUTE OF HOMŒOPATHY. The General Secretary of the Institute will issue a notice of the forthcoming meeting on the 10th of May, which will contain all necessary information.

The "Transactions" of the Session of 1873 are now ready for distribution to members who have made themselves right with the Treasurer. The publication is a handsome volume of nearly 800 pp.

Other journals will please copy this notice.

OBITUARY.

WALLENS. Departed this life, in Somerville, N. J., on January 4th, 1874, Miles W. Wallens, M.D., in the 32d year of his age.

Dr. Wallens was an able and earnest practitioner of homœopathy, endowed with quick perceptive faculties and of sound judgment. He had distinguished himself especially as a surgeon, and though taken away while yet in the spring-time of life, had by his skill, kindness and attention, and his warm and genial nature, won for himself an enviable reputation and hosts of friends. He died from pulmonary consumption after a protracted period of great suffering, which he bore with Christian resignation.

RUSH. Departed this life, March 1st, 1874, after a long and severe illness, Mrs. Helen Rush, wife of R. B. Rush, M.D., of Salem, O., in the 49th year of her age.

It was our good fortune to make the acquaintance of this estimable lady some years ago, and hence to know her many excellent qualities as an exemplary Christian lady. She was a great sufferer for many years and endured much acute pain for months prior to her death, yet she bore all with great fortitude and without complaint. Her life was beautiful and her death a triumph. Her memory will long be cherished by those who knew her best.

Within two weeks after the death of Mrs. Rush, a dear friend, who had been an inmate of her house for many years, Miss E. J. Coffee, was called from this life to meet her friend in the life to come.

REMOVALS.

VINCENT. Frank L. Vincent, M.D., the accomplished Secretary of the N. Y. State Homœopathic Medical Society, has removed from No. 38 First Street to No. 17 Second Street, Troy, N. Y.

HOOPES. Levi Hoopes, M.D., has returned from Avondale, Pa., to his former place of residence, Pottstown, Pa.

THE TREATMENT OF PHTHISIS PULMONALIS.

LETTER FROM DR. R. R. GREGG.

Editor Hahnemannian Monthly.

DEAR SIR:—I write in response to your criticism of my remarks upon the *treatment* of phthisis, before your society, last month; not, however, to complain, but to offer an explanation. You will bear witness that I desired to give two lectures, one entirely devoted to the causes and pathology of this disease, and the other, upon a succeeding evening, to discuss its treatment, exclusively; but circumstances appearing to be against it I had to forego my desire, and say what I had

to, upon treatment, at the close of the discussion upon the nature of the disease. But the lateness of the hour, with both hearers and speaker somewhat wearied, precluded the possibility of very much being said under this head beyond a rapid sketching of a comparatively few remedies. Many things occurred to me afterwards that I regretted were not presented, but knowing that time could not be had to give all in one evening, I made no extended notes to speak from upon these points, hence the sparseness of details in indications of remedies.

I expect criticism, indeed desire it, if it is only fair and honorable, and the sharper it is the better. I know of no other way that we can so well promote and advance the truth. And this being what we all want, I care not, as I have said upon other occasions, where it places me or anybody else, or whose theories it overturns.

In the matter of treatment of disease, I am free to confess that I don't know one-tenth as much as I wish I did, either about the treatment of phthisis or any other disease; and am not satisfied and never shall be, in this department of medicine, until every remedy is fully *illustrated* in the exact locality, direction, extent, and kind of symptom, as was indicated and commenced in the *Homœopathic Quarterly*. And whether this, notwithstanding its high promise, will always bring that exactness in prescription we all seek, I don't know, and cannot judge satisfactorily even to myself until the plan is thoroughly tested. That it will do so frequently I am sure. But there may be a much shorter way to the grand goal, and if so, in Heaven's name, let some one, it matters not who, find it.

But while that work is going on, and while we must necessarily wait for it, there seems to me no doubt that we should press on in our search into the causes and true pathology of all diseases, and learn where the primary origin of each is, just what requires to be done to cure it, when and what symptoms to interfere with, and what to let alone to subside of themselves, as they necessarily will when their true cause is rightly reached and controlled. To illustrate, let us recur to phthisis, and under this disease to "night sweats." Now, if the true cause of these is a conservative effort of nature to expel the relative excess of water from the blood-vessels, so that fatal results shall not so speedily arise; and if the cause of such excess being left in the vessels is the loss of albumen

from the blood through the mucous membranes, in the expectoration and other catarrhal discharges; then certainly he, in our school, who imitates allopathy and gives "sour drops," etc., or even gives homœopathic remedies, simply to stop the sweats, without reference to stopping the cause of the sweats (and all else as well), by properly healing the mucous membranes, then such a prescriber, I repeat, necessarily sacrifices many patients whom he might save if he realized just what he had to do and what to refrain from doing. There are many other points in connection with this matter of equal force, if the albumen theory is true, and herein its practical value is shown to be second only, if indeed it is second, to the selection of the true curative remedy. It is clear that the right remedy, if selected and administered rightly, would not cure if the case was injudiciously interfered with in all else.

There seems to me to be another great value to our school, in the theory, if true, as is shown in the following: Upon leaving Philadelphia, I went to New York, and through the influence of a friend, secured the attention of an intelligent and thoroughly educated allopathic physician, in examining my charts and listening to an explanation of them. He asked many questions, and ended by acknowledging he was convinced, took me to his house, introduced me to his wife, and placed her under my treatment. He also immediately sent for another physician of his school, whom I found to be thoroughly posted, to meet us the next morning. To my surprise he came and went through a long, candid and thorough investigation of my charts, and all the points connected therewith, ending with a frank avowal that he came expecting to hear nothing but some visionary ideas, that would not bear the test of facts; but instead of this, he was convinced that I was on the right track, urged me to press on with all energy, and said he would assist me in any way that he could. If, then, our school can surpass the old school upon their own chosen ground, viz., that of pathology, who can fail to see the great advantage it will give us with them, no less than with the general public, even independently of results in treatment.

For an important indication, I recur to the case of the wife of the first physician above mentioned. She had suffered from chronic bronchitis, in an aggravated form, for two or three years, and had thus far failed to get any relief; but to-day, March 16th, I received a letter from the doctor, saying, his wife's "cough is much better," and he also reports her im-

proved in all other respects. The remedy administered was Bryonia^{2m}, one dose, upon the following indications: Rhonchus and sibilus, with more or less crepitation throughout nearly every part of both lungs, with, at times, great dyspnœa, aggravated by any quick exertion. She said she had the impression, or fear, that if she should run up a few steps rapidly, or get up and turn around two or three times quickly, when her respiration was most oppressed, that she should drop dead; the main point in the indication being great aggravation upon motion, or more correctly in this case, quick motion.

Last fall I cured a boy aged six years, of a very serious attack of acute bronchitis following measles, with Bryonia^{2m}, two doses, at a long interval, after many other remedies had entirely failed. His respiration was very similar to the above case, in so far as the rhonchus, sibilus and crepitations throughout nearly every part of both lungs, but without much aggravation upon any ordinarily quick exertion for a minute or two, but with this strange symptom: Throwing the head back, the chin up, and making a strong effort to stretch the neck upward at the commencement of every paroxysm of coughing, and at every single cough. Had met this symptom before in a few other cases, but never knew any remedy especially for it, till Bryonia so nicely cured this patient. Have an acute brain case now under treatment, wherein there has been at times an almost incessant sympathetic dry cough for many hours together, the little sufferer protruding the tongue far out of the mouth, as if to put the muscles, etc., of the pharynx, upon the stretch during every cough or paroxysm of cough, also frequently, though not always, retching at the same time; and Bryonia has afforded more relief to all the other symptoms, as well as the cough, than all other remedies.

I record these indications here incidentally, for fear of not being able to command the time to present them in a more acceptable manner and form, short of some remote time in the future. And I will also add that I hope now to get the leisure before long, to prepare some indications for coughs, through their accompaniments, which will be presented in such a form as to aid the busy practitioner by saving him labor, and therefore be acceptable to the profession.

There are two or three minor points in your remarks that I would also like to correct, or explain. I never hold out any positive encouragement to a patient in case of finding even a single vomica, and that a small one, but tell them such cases

have sometimes been cured; whereas if the one vomica is a large one, or if there are more than one, I tell them or their friends, the most that can be done is to, perhaps, make them more comfortable. Another point: I would hardly say phthisis "in its earlier stages is a *readily* curable malady," that is, always so, although I have seen several cases, certainly in the *second* stage, that were readily cured. Granting that we could readily find the true curative remedy in all cases, that is, find it and administer it rightly on the start, and follow up the results and the changes in the conditions and symptoms without serious mistakes, then I would say the great majority of cases would be found readily curable in their earlier stages; while some cases would be found to be obstinate; the best that could be done. The points are, of course, to get the right remedy, and avoid its too frequent repetition, which, I need not tell you, are both difficult things to do in some cases even of diseases that are universally conceded to be curable, and with the treatment of which we are most familiar.

Disliking to hold out encouragements that cannot be met, I have made these explanations; and hoping you will find space to insert them in the next or April number of the *Hahnemannian*,

I remain yours truly,

R. R. GREGG, M.D.

[The statement made by Dr. Gregg in regard to want of time in which to give a detailed statement of his plan of medical treatment of phthisis is perfectly correct. And our critical remarks were not intended to be construed as fault-finding or deprecatory, but rather as expressive of a general fact, viz.: that his audience were disappointed in not getting in connection with his theory of causation his method of treatment laid down in extenso. It is very probable, indeed, that even if Dr. Gregg, or any other physician, were to devote a course of lectures to the treatment of phthisis, they would prove unsatisfactory from force of circumstances. The doctor's very interesting theory of tuberculosis, however, perhaps led to expectations regarding treatment greater than are usually entertained in relation to the medical management of this generally intractable malady. We here publicly invite Dr. Gregg to give our readers the benefit of his experience in full, and offer our columns for that purpose.—EDITOR H. M.]

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No. 10.

ARGENTUM NITRICUM.

BY BERNARDINO DADEA, OF TURIN.

From "*Compendio di Materia Medica Pura e Terapeutica*," p. 224.

TRANSLATED BY CARROLL DUNHAM, M.D.

SYNONYMES: *Nitras Argenti oxydi. Argentum azotatum. Causticum lunare.* French: *Nitrate d'Argent. Argent Nitratè. Azotate d'Argent.* English: *Argentie Nitrate. Lunar caustic.* German: *Salpetersaures silber. Salpetersaures silberoxyd. Silber crystalle. Silbersalz. Silbersalpeter.* Spanish: *Nitrato de Plata.* Italian: *Nitrato d'Argento. Pietra infernale.*

ANALOGUES: *Arsenicum. Aurum. China. Iris versicolor. Leptandra virginica. Jodium. Natrum muriaticum. Phytolacca. Phosphorus. Podophyllum. Pulsatilla. Rhus tox. Merc. sol. H. Stannum. Zincum.*

ANTIDOTES: *Arsenicum. Natr. mur.*

PREPARATION: *Trituration and solution.*

MOST CONVENIENT FORM FOR ADMINISTRATION: In *trituration* up to the 3rd; in *tincture* to the 4th; in *tincture* and in *globules* from the 5th upward, if prepared by *trituration*; in *solution*, to the 2nd centesimal or 4th decimal; in *tincture* and in *globules*, from the 3rd cent. or 5th dec. upward, if prepared by *solution*.

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SYMPTOMATOLOGY.

INTELLECT AND EMOTIONS. Extreme difficulty in conception and in reflection. Absence of ideas. Dullness. Weakness of memory. Incoherence of ideas and hesitation in speech. Stupid aspect; he simpers foolishly, and on closing the eyes, sees phantoms and grotesque shapes. Great excitement and anxiety, with sensation of weakness and trembling in the morning. Anguish, groans and sensation of serious illness after having eaten. Great scrupulousness, alternating with carelessness and indifference. Would like to do something and dares not, because he despairs of success. Apathy with dejection, weakness and trembling. Hypochondriacal humor, gloom, drawings in the head, yellow complexion, bitter-sweet taste in the mouth, dry lips, lassitude and feverishness. Taciturnity.

HEAD. Vertigo in the morning. Vertigo as if he were turning in a circle, so that he squats down to avoid falling.

Vertigo with headache; with disturbance of special senses; with transient total blindness; with roaring in the ears, dejection and trembling; with staggering; with nausea; with sensation as if intoxicated or of impending syncope. Head confused on waking in the morning until breakfast; during the day; all night. Fulness of the head, with sensation of weight. Terrible headache in the morning on waking. Pain of constriction, or of bursting in the head, following intellectual labors. Tearing pain from the left side of the forehead to the eye and corresponding side of the face; the eye lachrymose, red and sparkling. Semilateral headache, heavy, full, constrictive, piercing, pulsating, drawing, boring, tearing, stabbing. Incessant headache. Sensation as if the head, or the eye, or the side corresponding to the headache, were too large. Headache with regurgitations and shiverings; with toothache. The headache is worse in the open air; relieved by tying up the head with a handkerchief; is attended with increase of the general temperature, but more frequently by coldness. Itching and formication, as from pediculi on the scalp. Itching papules on the border of the scalp. Itching bullæ on the scalp and on the nape.

EYES. Itching and heat in the canthi. Pressive pain deep in the eyes in the morning on waking. Pressure in the eyes, which seem too full; heat and pain in the globe on movement and on contact; deep scarlet redness, which has extended from the external canthus to the conjunctiva as far as the cornea; the oculo-palpebral conjunctiva seems softened, puffed; pain as from a small grain of sand in the eye. The conjunctiva forms a red pad around the cornea. Epiphora. Abundant discharge of mucus. Morning agglutination of the lids. Violent itching in the eyes at evening, followed by dryness; development of blood-vessels in the form of a circle, red vascular bundles, red points and extravasation of blood beneath the conjunctiva. Weakness of vision, especially at the evening twilight. Transient blindness. When writing or reading, the letters become confused and vision is lost. Can hardly read when holding the book at a distance. Sparks and flames, like lightning, before the eyes in the morning, in the dark. Vision obscured, with anxiety, heat of face, lachrymation, obscuration of the cornea, a superficial white spot, which covers most of the cornea. The globes rolled upward, pupils much dilated, insensible to light. Eyes sunken. The inflammation of the eyes is better in the open air; it becomes insupportable in a warm room.

EARS. Constrictive pain in the ears; constrictive and tearing pain in the right ear. Noisy ringing in the ears, which disturbs the sense of hearing. Ringing and murmuring, with sensation of closing and deafness. Sounds of bells in the ears, in the morning, in bed.

NOSE. Pain and swelling of the right ala nasi. Contused pain in the bones of the left side of the nose. Papules on the cartilage of the septum narium, which easily bleed. Pressure and constriction in the nasal fossæ. Ulcerations within the nose and scabs, the detaching of which causes great pain and bleeding. Epistaxis from blowing the nose and sneezing. Obstruction of the nose in the room and flowing of mucus in the open air. Violent itching and burning inflammation. Sense of smell blunted. Odor of an abscess at night. Coryza, with shiverings, sickly aspect, sneezings, headache and need to lie down.

FACE. Lacerating pain and dull drawing in the right side of the face, from the temples to the teeth. Almost continuous neuralgic pain in the left infra-orbital region. Convulsive movements of the facial muscles, the maxillæ being forcibly closed. Sickly, pallid, meagre, livid aspect. Aspect of old age; the skin of the face is so tense as to show the form of the bones and muscles. Papules on the chin and cheeks, which speedily fill with pus.

TEETH. Gums soft, bleeding easily, without pain and without swelling. The inflamed gum separates from the teeth, as a white mass, and is painful, chiefly when touched. Teeth sensitive to cold water, which provokes lancinating pains. Toothache, principally when masticating and on taking acid things. Bruised pain in the body of the inferior maxilla.

MOUTH. Painful papules which become variola-like pustules at the angles of the lips and on the upper lip. A hard papule, very painful to the touch, on the vermillion border of the lips. Lips dry and sticky, without thirst. Dryness of the lips, mouth, tongue and throat, night and morning. Livid hue of the lips and soft parts of the mouth. Swelling of the palate, with a wart-like excrescence. Tongue dry, like a chip, chiefly in the morning on waking. Tongue white, greyish-yellow, livid. Tip of the tongue red and painful, the papillæ prominent, with a sense of excoriation. Swelling and pain of the tongue. Offensive breath in the morning. Salivation. Flow of saliva into the mouth. Watery mucus in the mouth and in the nasal fossæ, day and night.

THROAT. The palate and throat are so dry that speech becomes difficult and stammering. Deep redness and burning pain in the velum palati, the posterior nares and the pharynx. Roughness and dryness of the throat, with ulcerative pain. Sore throat in swallowing, in eructation, on moving the neck, as if there were a swelling or a foreign body there. Accumulation of thick and viscid mucus in the throat, which compels continual expectoration and provokes a cough. Spasms of the pharynx with sensation of strangling. Spasms of the œsophagus, with ineffectual efforts to eructate, pressive pain in the stomach, malaise like a syncope, and flow of saliva to the mouth.

APPETITE. Taste astringent; metallic; bitter; inky; insipid; clayey; pasty; with nausea; desire to vomit; hypochondriacal humor. Diminution, loss of appetite, with many eructations. Food seems to him like straw. Easily sated. Unusual appetite. Irresistible craving for sharp cheese and for sugar.

STOMACH. Malaise as if from hunger. Malaise with efforts to vomit; with gurgling in the stomach; with violent palpitations of the heart and fainting after a meal; with a leaden complexion. Frequent and forcible eructations accompany almost all the disturbances of digestion. Constant nausea. Nausea which ceases on the ingestion of food. Vomitings of mucus; of matter which colors the linen black. Vomiting, with anguish; with diarrhœa and colic. Stomach-ache. Weight, fulness and pressure at the stomach, chiefly after a meal, and on taking deep inspirations. Trembling and throbbing in the stomach. Cramps in the stomach at night, with hunger in the morning on waking. Heat in the stomach. Cardialgia. Gnawing, boring, ulcerative pain in the stomach, on the left side, beneath the false ribs.

ABDOMEN. Pressure, fulness, cutting pain and dull stitch in the liver, chiefly when walking. Acute stitches, at intervals, in the spleen, at evening for several days. Malaise and sensation of emptiness in the abdomen, with nausea. Distension and pressive drawing throughout the abdomen, as in ascites. Coldness in the hypogastrium. Sensation as of a ball rising from the hypogastrium to the neck. Severe cramp-like pain in the abdomen following a slight cold. Transient stitches, like an electric spark, in the hypogastrium, chiefly when changing suddenly from repose to motion.

STOOL. Flatus which wakens in the morning, with gurg-

ling in the abdomen and sensation as if it would pass from the body. Many emissions of flatus after a meal. After an emission of flatus, mitigation of many discomforts. After a pasty evacuation, diarrhœic, mucous, watery, very offensive stools. After having eaten sugar in the evening, flatulent colic, with borborygmus, which wakens him towards midnight, and then watery diarrhœa with much flatus. Liquid brown, blackish stools; bloody, with prostration. Great pressure during the diarrhœa. Constipation or diarrhœa. Intestinal phthisis. Ulcerations of the intestines. Violent itching of the anus, compelling to scratch until it bleeds. Discharge of a mass of ascarides; evacuation of tænia.

URINE. Frequent, copious discharges of pale yellow urine, of a strong odor by day, and also at night. Emission sometimes very easy, at others after long waiting. After having urinated, emission of a few drops, sometimes scalding, with a sensation of swelling in the urethra. Impossibility of urinating. Burning while urinating and afterwards. Cutting pain in the posterior part of the urethra as far as the anus while the last drops are passing. Sensation of excoriation in the interior of the urethra even after the emission. Heat, titillation and itching in the urethra during the first morning emission. Urethra painful and as if ulcerated at other times than during emission of urine. Urethra swollen, hard and knotty to the touch. Inflammation of the urethra, severe pains, blennorrhagic discharge, priapism, dysuria, hæmaturia, fever. Abundant discharge of white mucus. Mucous trickling from the urethra. Constriction of the urethra. [Diminution, suppression of urine.]

GENITAL ORGANS. Ulcers of the prepuce, like syphilitic ulcers. Hypertrophy and induration of the right testis. Frequent nocturnal pollutions, with lascivious dreams. Painful coitus without pleasure. Absence of venereal desire, with flaccidity of the genital organs. Anticipating menstruation which lasts a few hours. Menstruation punctual, but more abundant, with cutting pains in the sacrum and groins, and contractions in the latter. Metrorrhagia. Abortus. Ulcerative pains in the right mammary gland near the axilla, chiefly when touched, while extending the arm and quickly turning the trunk; an oblong pad is distinctly felt there. Stitches in the nipples.

LARYNX. Whistling and noise, isochronous with the pulse, in the larynx and trachea, when lying down, after dinner.

Hoarseness and roughness in the larynx. Hoarseness at night, with dry cough, with some blood-streaked mucus and much saliva. Tickling and irritation of the larynx, which provokes cough day and night. Violent tickling in the larynx and cough therefrom, before breakfast and for several days at the same hour. Dry cough in the evening before lying down and in the morning when rising, provoked by a violent itching and a kind of burning tickling. Dry cough in paroxysm, sometimes with vomiting, at night. Convulsive cough at noon for several days. Cannot endure tobacco smoke.

CHEST. Violent irritation, continued cough and bloody sputa, with oppression of breathing. Cough and sweat at night. Fulness, anxiety and oppression of the chest, with sighs and groans. Dyspnœa even to suffocation. Oppression of the chest, with pressive drawing in the costal pleura and in the lungs. Stitching pains, tension and pressure in the chest at different points as large as a dollar. Pressure and weight, as of a stone, upon the sternum. Burning in the chest. Palpitation of the heart, with malaise even to delirium. Irregular palpitation, with occasional intermissions. Violent palpitations following vigorous muscular exercise, emotion, or when lying horizontally in bed at night.

TRUNK. Tension as if from cramps in the anterior muscles of the right side of the neck. Pulsation of an artery in the left side of the neck, visible to the naked eye. Pressure between the scapulæ. Sensation of pain between the scapulæ and the sternum. Pain of tension and constriction in the back. Pains in the back at night. Heaviness in the loins, which prevents his remaining quietly seated. Violent pain in the loins, like luxation, only when seated, with difficulty in rising and in walking unless bent forward. Fatigue in the lumbar region. Paralytic heaviness in the left lumbar region extending to the hip-joint. Stiffness, heaviness and paralytic pain starting from the sacrum and extending along the pelvis and the hips. So severe pain in the sacrum that blowing the nose and sneezing cause a terrible shock. Pimples on the back, which itch especially in the evening. Eruption, like scabies, mostly on the lower part of the back.

UPPER EXTREMITIES. Tension in the ganglions and in the right axilla, which feel as if distended and torn, the pain extending to the arm and to the hand when raising the shoulders. Paralytic drawing pain in the right upper extremity. Nocturnal osteocopic pains at the elbow. Red pimples which

change to yellow vesicles on a red base, upon the dorsum of the right hand and of the index finger. Rheumatic tearing in the metacarpo-phalangeal articulation of the thumb. Spasm of the ring finger in grasping an object.

LOWER EXTREMITIES. Paralytic heaviness and lassitude in the legs. Periodic cramp-like drawing from the hip to the knee, sometimes so severe as to make one cry out. Stitching pains from the hip to the ankle. Paralytic weakness and emaciation of the lower extremity. Violent pain in the knee, with great weariness. Lacerating pain, descending the leg from the knee. Stiffness of the calves, with lassitude and debility even in bed. Drawing and scraping in the anterior part of the tibia. Dartings in the right external malleolus; this articulation turns easily. Itching eruption, like little tubercles, on the thighs, at night.

SLEEP. Desire to sleep while sitting. Attacks of coma in the evening, with many yawnings. Images, pictures moving before the eyes and a rapid succession of fantastic visions which hinder sleep. The first half of the night he is buried in a deep sleep full of fantastic dreams. Nervous excitement at night, with heat and fulness of the head and sleeplessness. Night much disturbed; loquacity; for the most part he is awake or is in an unrefreshing slumber, full of fantastic, troublesome, horrible dreams. Frequently waked by sore throat, by frightful dreams about water infected with poison and containing serpents, by flatulence and gurgling in the belly.

FEVER. Yawning and shiverings, morning and evening. Febrile coldness, with gooseflesh, hot head, cold hands, and malaise, two successive mornings at the same hour. Pallid, yellowish complexion, malaise and flatulent eructations during the cold stage. General chill in the evening in a warm room. About 4 P. M., violent pains and throbbing in the head, with internal heat, shiverings, hot and dry skin, nausea even to vomiting, and great desire for salt things. At 6 P. M., for four successive days, access of fever, with chill, followed by general heat, without thirst; the chill returns also at the beginning of the heat; during the heat, visible pulsation of the left temporal artery; two or three hours after the access, painful swelling in the pit of the stomach, with great anguish. Night sweats, chiefly towards morning; and from 4 to 6 A. M., after a disturbed night, he is annoyed by frequent fits of coughing.

SKIN. Itching with stinging in different parts of the body, chiefly at night. Vesicular eruption like scabies (in various parts, especially on the chest and the back between the scapulae), which bleed after scratching and then are covered with a bloody scab. Pustular ecthyma, preceded by itching and pain. Warty growths on the skin. Skin of a livid color, especially on the head, face and hands.

GENERALITIES. Great dejection, lassitude and excessive malaise, with staggering gait, principally in the open air, lack of solidity in the limbs, and confusion in the head, as after drunkenness. General debility with appearance of swooning, threatening deliquium and trembling of the whole body. Trembling of the limbs. Sensation of distension, sometimes in the limbs, sometimes in the face and head; it seems as if the bones separated. Sensation of numbness and rigidity of the limbs. Insensibility of all parts of the body. Violent convulsions. Spasmodic movements, like chorea, in the upper and lower extremities; spasmodic contractions of the adductores digitorum. Presentiment of an epileptic attack; epileptic attacks. Paralysis of the extremities. Cachexia, emaciation, disease of the liver, dropsy. Complete loss of consciousness (?).

CLINIQUE. May be indicated in certain cases of hypochondriasis, hysteria, epilepsy, chorea, cerebral congestion, cephalalgia, hemicrania, cerebral affections, dependent upon displeasure, fright, mental tension, apoplexia, tinea, catarrhal strumous ophthalmia, ophthalmia neonatorum, vascular keratitis, chemosis, true pterygium, fistula lacrymalis, retinal hyperaemia, deafness, coryza, ozæna, prosopalgia, trismus, erysipelas, mentagra, impetigo, mercurial salivation, diphtheria (?), chronic tonsillitis, dyspepsia, pyrosis, scirrhus ventriculi, chronic vomiting, ulceration of the gastro-intestinal mucous membrane, chronic diarrhœa, dysentery, hemorrhoids, helminthiasis, mucous cystitis, gonorrhœa, strictures of urethra, primary ulcer, spermatorrhœa, leucorrhœa, phthisis laryngea, croup (?), whooping-cough, spasmodic asthma, chronic bronchitis, lumbago, sciatica, convulsions, contractions of the extremities, paralysis, syphilides, hydrargyrosis, scrofula, rheumatism, chronic arthritis, porrigo, psoriasis, impetigo, liver spots, jaundice, diseases of the liver, of the mammae, of the axillary glands, etc.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D. SECRETARY.

MORNING SESSION.

THE March Quarterly Meeting of this association was held, according to previous notice, on March 19th, 1874. There was a fair attendance of members. In the absence of the president, Dr. Brown, of Binghamton, was called to the chair. The minutes of the last meeting were read and approved. Communications from the president being next in order, Dr. Brown addressed the convention as follows on the

Causes of Disease.

GENTLEMEN: Every disease has its cause, and before giving advice or medicine, that cause should, if possible, be determined and removed. The most difficult diseases for treatment are those that result from bad habits, or from disobedience of the laws of our physical constitution. For instance, on visiting a lady patient, we find that she has a sallow complexion and complains of palpitation of the heart, of sleepless nights, of a gone-feeling at the stomach, of dyspepsia and constipation. On inquiring, we find also that she is accustomed to drink strong tea, one to three cups at a meal. Can we cure her by remedies without discontinuing the use of tea?

Or a gentleman presents himself with a rum-blotched face, congested eyes, a foul breath and other symptoms of inebriety. Shall we attempt to cure him without forbidding the use of alcoholic drinks? All cases of gluttony, and patients who suffer from bad ventilation and want of exercise, loss of sleep or living upon condiments at the table, or who have suddenly changed the temperature of the body while in a state of perspiration, require a proper observance of the hygienic laws respectively disobeyed. So long as the laws of our nature continue to be violated, it is impossible to remedy the effects of such transgressions. Yet patients are not satisfied with mere advice; they desire and expect to be cured by medicine.

DR. BASS, of Cazenovia, said that he was accustomed to insist upon keeping the lower extremities of children properly clad to protect them from cold.

DR. CHAFFEE, of Rochester, said that his wife was subject to tea-headache, which would continue each time about ten days after discontinuing its use. But when she had a severe attack, it was relieved to some extent by indulging the habit,

which she continued to do. In cases of drunkards reforming, he gave coffee as a medicine, with good results.

DR. WELLS, of Utica, said that according to Liebig, the great chemist, there are no elements in alcohol that go to nourish the body. Where a stimulant was needed, camphor was the best. In prostration during typhoid fever, *Carbo veg.* was better than alcoholic stimulants. He related cases coming under his observation of young men, previously temperate, treated with alcohol during typhoid fever and becoming in consequence confirmed drunkards.

He said that it was almost impossible to buy pure liquors, and reported how they were adulterated. To one gallon of alcohol was added half an ounce of fusil oil, then to four gallons of water was added one paper of distillers yeast, to make a good bead. Mixing the whole made five gallons of good Bourbon.

DR. BROWN stated that in typhoid fever, alcohol is often given when the disease is about to take a favorable turn, and hence the last thing used has the credit of the cure.

Other members reported cases of typhoid fever treated with alcoholic stimulants, resulting in confirmed inebriety.

DR. J. G. BIGELOW, of Syracuse, prescribed no liquor, but he was very fond of coffee. In his cases he never found that its use as a beverage was detrimental.

DR. CHAFFEE had often observed that the use of coffee as a beverage produced tremulousness of the hands. This symptom was confirmed by other members.

DR. BIGELOW questioned this pathogenetic symptom, though his own son always complained of it when he indulged in coffee.

THE SECRETARY had recently had a patient complain of constipation, and another of palpitation of the heart, uniformly resulting from the use of coffee as a beverage.

DR. WELLS used prepared chocolate, and found it the nicest drink for his patients. It would not offend the stomach, and it was useful when warm drinks were needed.

Styptics.

DR. BROWN said he had succeeded in arresting hemorrhage of various kinds by warm applications far better than by cold. He used them as injections in cases of internal hemorrhage, and as topical applications for external hemorrhage. Cold applications at first repel the blood from the part, but a

reaction soon follows, and then the tendency to hemorrhage is greater than before the applications were made; whereas, warm applications first produce a venous congestion (clot?), followed by a contraction of the veins.

Suppression of Catarrhal Discharges.

DR. BROWN referred to the suppression of catarrhal discharges. He said that a sudden change of temperature often checked such secretions. He claimed that in the various forms of catarrh, effete matters are discharged. When such secretions were suppressed by gargles, injections, etc., paralysis and even death might result. He suffered from a dental abscess occasionally, as he thought by the inhalation of Iodine for the suppression of nasal catarrh.

DR. J. G. BIGELOW. Is it necessary that diphtheritic secretion should be expectorated?

DR. BROWN thought it was, and that poisoning might occur from receiving such effusions into the stomach.

THE SECRETARY had never observed any bad consequences resulting from swallowing such secretions.

DR. SEWARD reported a fatal case of diphtheria in which the use of brandy and water was beneficial.

DR. CHAFFEE said that moderately sour cider (acetic acid) was sometimes useful as a gargle in scarlatina. He alluded to a case wherein acetic acid was found preferable to lemon-juice. It served to curdle the stringy saliva.

DR. BROWN suggested that acetic acid acts upon the kidneys. He said that proper nourishment was required in cases of great prostration.

DR. STRONG, of Aurora, used permanganate of potash as a gargle.

DR. RAYMOND, of Utica, used no gargles except Hydrastis.

DR. BENSON, of Skaneateles, deprecated the use of gargles and topical applications, as tending to develope phthisis. He used chloride of lime for cleanliness.

DR. CHAFFEE mentioned a case of diphtheria in which the membrane was deposited upon a finger and a toe.

AFTERNOON SESSION.

PRESIDENT BENSON called the meeting to order.

A valuable paper on galvanism by Dr. Greenleaf was read as follows:—

GALVANISM AS A CURATIVE AGENT.

From the time when the muscular contractions in the leg of the dead frog induced Galvani to make the experiments which gave to the world the theories and facts regarding the new force, to the present, when so much of the mechanism of civilization and rapidity of communication depends upon the scientific development of the laws governing the action of the agent then discovered, I presume no one branch of natural science has repaid as richly the time and talent devoted to its investigation, or has received so much attention from educated men, as has galvanism.

The effects of this unique force have been classed by scientists as follows: Physiological, heating, illuminating, chemical and magnetic.

In this contribution, relating, as it does, to the value of the agent in the cure of disease, we shall deal only with its physiological and chemical effects.

Those who have been so often baffled and beaten by the common enemy of mankind, at the sick bed or the surgeon's operating table, have long looked covetously at the evident power of electricity, hoping to avail themselves of it for the relief of pain, cure of disease or removal of any and all abnormal conditions of the human system; but the hazardous experiments of the reckless, have revealed its subtilty and warned the more cautious to beware of carelessly employing it.

At present we have a few who rely upon it entirely as a therapeutic agent, and they cure some cases with it.

The theory which is the basis of their treatment, when robbed of the technicalities of positive and negative, electro-magnetic and magneto-galvanic, etc., is substantially as follows: The human system, in health, like everything that God has made, be it atom or world, has its own peculiar electric polarity—in disease this polarity is disturbed or reversed—the symptoms of this reversal are pain, tenderness, tumefaction, heat, etc.,—the scientific use of the battery regains the lost polarity and thus cures the disease.

Any one who will make experiments according to the simple laws which govern the scientific use of galvanism, will be surprised at the readiness with which nearly all painful acute diseases will yield to his treatment, and as much disappointed at the readiness with which all symptoms will return, within an hour or less.

That there is a reversed polarity in all or nearly all cases of disease, I do not pretend to deny; but that this reversal is the *cause* of disease, I do deny *in toto*.

If you relieve the pain and other symptoms in any given case by restoring the electrical balance, the cause of that abnormal condition, untouched and still at work, will reproduce every evidence of disease which the battery has removed in all their former intensity, and will superadd a nervous erethism which is very hard to control by medicine. I demand of electricity simply that which is the prerequisite of every means I use in my practice, whether it be drug or mechanical appliance, viz., *tolle causam*; if that can be shown to me satisfactorily, then I will proceed to weigh carefully the comparative safety and comfort of its action; but till then I hold to my drugs. If there are cases of disease where the pain is the disease, or where palliation is necessary, there I can recommend galvanism,—for instance in congestive dysmenorrhœa.

If well chosen remedies should fail in a case of threatened abortus, I should have recourse to the battery. As an aid to the simillimum in paralysis, by its irritating or stimulating effect it is often beneficial.

Suspended animation from inhaling carbonic acid gas, laughing gas, chloroform, ether, or from drowning, may be somewhat under its influence.

A few simple laws for its use may not be out of place here.

In health the electrical current is passing *from* the nerve centres *to* the extremities, *from* the heart *to* the capillaries.

The circuit should be closed so as to bring the diseased part and some large nerve centre *between* the electrodes.

In acute diseases apply the positive pole higher—nearer

the head—than the negative, and to the diseased part. (Place the negative pole in water in which the feet of the patient are placed, or enclose it in a damp sponge and seat him on it, and treat the part affected with the positive).

In chronic ailments reverse the above.

This treatment is depleting for acute diseases, the opposite for chronic ailments. If there is any doubt about the direction of the needed current, use it very lightly at first; if no pain is felt, increase the intensity; if pain is caused, reverse the poles.

Three to ten minutes are sufficient for any one treatment.

Paralysis excepted, one treatment is all that is needed; in paralysis repeated applications are necessary.

Passing now to the consideration of the successes of the chemical power of electricity in removing or discussing tumors, etc., we enter a fertile and very satisfactory field.

Cases of ovarian tumor, hydrocele, varicose veins, and even stricture of the urethra, are reported as being entirely removed by the decomposing and dilating power of this agent.

It has long been known that a galvanic current directly from the pile or cups, without the intervention of a helix, possesses a power which decomposes chemical bodies and reduces them to their original elements.

Various experiments have been instituted to utilize this power for the removal of benign tumors, but with indifferent success; many times great pain and depression of vitality was superinduced together with increased irritation, with neither any perceptible decrease in the size and bulk of the morbid growth nor change in its contents or texture.

Of late, however, surgeons—particularly of our own school—have succeeded in defining a successful process which they call *electrolysis*.

Those who have had the most experience with this process, attribute the former failures in similar efforts to an ignorance or disregard of the fact that the positive half of the current contracts, irritates, inflames, while the negative dilates and

decomposes, and say that the intensity of the current makes a very decided difference.

Too great an intensity cauterizes, and too feeble a flow only produces a momentary and fleeting irritation.

Having had no experience with electrolysis, I can only detail the process.

Metallic needles are plunged into the growth and connected with the negative pole of a battery of sufficient power; the circuit is then closed, with the positive so placed as to include a nerve centre and the tumor in the circle of operation. If cauterization takes place, it will be manifested by the terrible pain which will be caused, and in that case the battery must be weakened by removing a few cups. From twelve to thirty cups have been used with success. The metal most used for the needles has been gold; they have to be made long enough to reach into the tumor, and strong enough to bear the pressure of insertion without bending.

In a case of stricture of the urethra, an insulated bougie with a metallic tip was used instead of a needle.

It is stated that zinc needles are most ready to coagulate and decompose the contents of varicose veins, iron-tipped ones next, and platinum ones are least active.

Only one operation is considered necessary. Three minutes has been the shortest and twenty minutes the longest time employed for successful operations. Cases are reported where the application of the naked electrodes to a tumor has been of benefit, but so slight was the effect after repeated operations, when compared with electro-puncture, that it is not advisable to waste any time that way.

This process is yet very young, and much investigation is necessary to render it a clearly defined and accurate process; but it is safe to expect that many cases which have hitherto been classed as those curable only by the too often fatal expedient of the knife, will now come under the domain of the safe, rapid and satisfactory process of electrolysis.

DR. GREENLEAF stated that five to ten minutes application of galvanism at a time was sufficient. In acute diseases generally only temporary relief followed. In headache and dysmenorrhœa it often gave speedy relief.

DR. BROWN. Lazy persons may get permanent relief of their ailments by the use of electricity. The same benefit may be obtained by percussion of the surface of the body with the open hand. Stirring the patient up by exercise is the thing needed. Temperance and exercise are his pre-requisites for the cure of his patients.

He thought electricity, when applied to the brain and spinal column, must be used with extreme caution. He preferred other remedies for diseases of the brain.

DR. GREENLEAF. It is claimed that the positive pole can be safely applied to the brain, when the negative pole is applied to some other portion of the body.

DR. RAYMOND, of Utica, had found electricity curative in some cases of goitre, paralysis, chronic rheumatism and chronic inflammation of the eyes. These were about all the cases in which he had found this agent curative.

DR. BROWN reported a case of paralysis of the lower extremities of three years standing, caused by a fall. In three months he cured it with Arnica, followed by Rhus tox., given internally. He also employed manual percussion upon the lower extremities. He said percussion produced a reaction similar to that of a mustard plaster.

DR. WATSON, of Utica. Dr. Hammond, of New York, states that with electricity he can cure paralysis caused by concussion, railroad accidents, etc. (not progressive locomotor ataxia), the immediate occasion of the paralysis being a congestion of blood in the spinal meninges. Dr. W. had taken pains to inquire about his ultimate success in such cases and questioned it. Dr. Brown Sequard states that by plunging one hand into cold water, he can reduce the temperature of the other hand very largely.

DR. WELLS. Does percussion cure by shock or magnetism?

DR. BROWN thought it was done by shock.

DR. CHAFFEE received a severe shock by a fall, resulting in numbness of one of the lower extremities, which had continued eighteen months. In two weeks he cured himself simply by laying one hand on the lower portion of the spine and the other upon the limb.

DR. BROWN spoke of the recuperative effect upon a patient of encouragement.

DR. WELLS believed much in the efficacy of mental influences in the treatment of disease. He also related a singular experiment performed when he was a student in Pompey Academy. Four students, two of them standing opposite the other two, placed their open hands under a very heavy man lying on a table between them. Then after three slow expirations in unison, by a very easy effort the large man was easily elevated to the ceiling,

DR. W. H. BROWN, of Syracuse, reported a case of chronic aural catarrh of the left ear, with deafness, cured by electricity, as follows:—

Electricity in Chronic Aural Catarrh.

Master W——, æt. 13 years, presented himself for treatment, December 13th, 1873, suffering from chronic suppurative inflammation of the middle ear (left), which had existed for eight years, a sequel of scarlatina. Had been treated by various physicians during a greater portion of this time. Had gone through the whole vocabulary of washes, astringents, etc., from sulphate of zinc to nitrate of silver, 40 grs. to oz. of water.

Inspection of membrana tympani revealed a small perforation in anterior lower quadrant and the membrane covered with a layer of purulent secretion. Hearing power L. E. $\frac{8}{8}$.

I prescribed various remedies with indifferent success, although the hearing power was improved to $\frac{3}{8}$ by Politzer's method of inflating the middle ear. Knowing the power of electricity in checking ulcerations in other portions of the body, I resorted to it in this case, proceeding according to the plan recently proposed by Dr. Beard, of New York, viz.: I filled the auditory canal with warm water, and then passed into it through a rubber speculum an electrode with a narrow extremity, connecting the electrode with the *negative* pole of the battery, and placing the positive pole at the back of the neck. Very weak currents were passed in this manner every second day for two weeks, when the discharge had stopped

and the hearing improved to $\frac{5}{6}$ %. Membrane healthy and perforation smaller. No return of the trouble at this date, March 15th, 1874.

Miscellaneous Business.

DR. THOMPSON, of Pittsford, sent for distribution among the members, some pulverized Pulmo Vulpinum.

DR. WATSON directed the attention of the convention to the subject of a state board of health, and read an article on that subject from the *N. Y. Evening Post*. The plan of the allopaths is to appoint county boards, to be under the control of the state board, and the state board to be controlled by a United States board. In the State of Michigan there is such a board. All this is designed to obtain prestige for the allopathic school. He advised not to oppose, but to amend this bill, and get homœopaths and eclectics appointed on this board.

DR. BENSON said that a similar bill was proposed in Canada.

On motion of Dr. Wells, the subject of *Mental Diseases* was selected for discussion at the next meeting, provided Dr. Stiles, Superintendent of Middletown Insane Asylum, can attend. Otherwise "*Characteristics*" will be the theme.

Adjourned, to meet at same place on Thursday, June 18th, 1874.

FORTY-ONE OPERATIONS FOR HERNIA.

BY MALCOLM MACFARLAN, M.D.

Case I.—Strangulated femoral hernia; right side; of three days duration. January 30th, 1869. Mrs. Anna B. Kensill, æt. 37, No. 1112 Hanover St., Philadelphia, a patient of Dr. W. B. Davis. Herniotomy. The gut becoming perforated an artificial anus was made, which was successfully closed by an operation nearly a month after, with loss of three inches of the ileum. The woman is now well. Particulars were published in the Pennsylvania State Society's Report for 1869.

Case II.—April 29th, 1869. Wützer's operation for the radical cure of reducible left inguinal hernia. Wm. L. Torbert, æt. 40, Thirty-sixth and Hamilton Sts., Philadelphia, a patient of Dr. Lippe. Hernia was large and scrotal; could not be readily held up by a truss. The adhesion of the in-

vagination was entirely successful, although at this date, March, '74, there is but slight trace of it. The inflammatory process was hastened by hypodermic injections of sulphuric ether. The most violent effort at coughing now fails to show any evidence of weakness in the inguinal region. Before this I had tried the operation several times in other cases without success. The operation and treatment of the case confined the patient to bed for a month, and was entirely successful, there having been no descent of the intestine nor need for a truss.

Case III.—Strangulated femoral hernia; left side. July 12th, 1869. Mrs. Schmidt, æt. 42, wife of a homœopathic practitioner, east side of Fourth, near South St., Philadelphia. The intestine had been for three days strangulated, her physicians relying on medicines and taxis. Herniotomy disclosed a blackened and perforated loop of bowel involed in tuberculated and adherent omentum. She died twelve hours after the operation.

Case IV.—Irreducible left inguinal hernia. Nov. 16th, 1869. A gentleman, æt. about 45, a patient and neighbor of Dr. Cooper, of Mullica Hill, New Jersey. The loop of intestine was made free of its attachments, the inguinal canal opened and the layers joined again by sutures. One long end of each suture was allowed to remain without the wound, acting as a seton until occlusion of the canal took place. His recovery was perfect.

Case V.—Strangulated femoral hernia; right side. Dec. 10th, 1869. Mrs. Hochgesang, a patient of Dr. Koch, æt. 65, Tioga St., Philadelphia. Intestine strangulated over three days when called; protrusion very large and accompanied with much omentum. Herniotomy. Subsequent intestinal perforation and fecal discharge from the wound. Death on the eighth day after the operation. From the ashy color of the bowel, I had from the first but slight hope of a recovery.

Case VI.—Strangulated left femoral hernia. Dec. 19th, 1869. Mrs. Caroline Bixenstein, æt. 65, 1208 N. Twelfth St., a patient of Dr. Hering. Bowel two days constricted, with stercoraceous vomiting. Herniotomy and recovery, with but two weeks confinement to bed. The hernia had been for years large and irreducible.

Case VII.—Irreducible right femoral hernia. Jan. 14th, 1870. Mrs. Wm. Morris, æt. 40, 1804 Market St., Phila-

delphia. Rupture caused by a fall received many years ago. She had not been able to wear a truss on account of the sickening pain it caused; was a constant sufferer from the tumor. The operation resulted in a radical cure, and she does not now need to wear any artificial support or truss whatever. Formerly a patient of Dr. W. Williamson.

Case VIII.—Ventral hernia; right side of the abdomen. Feb. 27th, 1870. A colored cook, æt. about 60, living on Fifteenth St. above Jefferson, in a family attended by Dr. R. Sargent, who kindly assisted me in the operation. Strangulation complete for one day. She died in a few hours from peritonitis.

Case IX.—Strangulated infantile scrotal hernia of right side. April 21st, 1870. Jas. Entriiken, æt. three months, West Chester, Pa., a patient of Dr. J. B. Wood. Period of strangulation thirty-six hours; constant vomiting. Herniotomy; recovery; sutures removed in six days and no truss worn.

Case X.—Strangulated right femoral hernia. May 18th, 1870. Mrs. Christopher Wagner, æt. 65, bakery No. 219 South Fifth St. below Walnut, patient of Dr. James Kitchen. Hernia of many years duration, never entirely reducible; forty hours strangulated; violent persistent fecal vomiting. Herniotomy; recovery; the gut has not descended since, but she wears a truss for safety.

Case XI.—Strangulated left oblique inguinal hernia. Nov. 6th, 1873. Mr. Peter Blecker, æt. 74, 448 St. John St., a patient of Dr. David R. Posey. Hernia very old, large and had been irreducible, filling up and greatly distending the scrotum; period of strangulation, judging from vomiting, etc., thirty hours. Herniotomy; result successful; the man, although quite emaciated, was able to be up in two weeks, and is now in good health.

Case XII.—Strangulated right femoral hernia. Dec. 18th, 1870. Mrs. Gray, widow, æt. 43, 927 Cherry St., patient of Dr. Seth Pancoast. Forty hours strangulation; knuckle of bowel blackened at the sides and of an ashy or disorganized appearance at the centre, on opening the sac. Perforation took place the day after I operated, accompanied by constant light colored liquid fecal discharges. She died seven days after, of peritonitis.

Case XIII.—Strangulated right oblique inguinal hernia. March 3d, 1871. M. R. Pancoast, æt. 33, 110 S. Seven-

teenth St., a patient of Dr. D. M. Tyndall. Twelve hours strangulated; previously reducible; he had never worn a truss. Herniotomy; rapid recovery; he was sitting up in eight days, and there has been no descent of the hernia since.

Case XIV.—Strangulated left inguinal hernia. May 5th, 1871. John Gaunt, æt. 73, Mullica Hill, N. J., a patient of Drs. Gardiner and McGeorge. Bowel strangulated over three days. Herniotomy; died in a few hours from exhaustion. The operation gave him great relief as to pain and vomiting.

Case XV.—Strangulated right femoral hernia. July 24th, 1871. Mrs. Platt, æt. 44, Nicetown Lane near Ridge Road; patient of Dr. Trites. Had been vomiting for nearly three days. Herniotomy disclosed blackened intestine. Patient died in a few hours from exhaustion and peritonitis.

Case XVI.—Enormous irreducible right scrotal hernia. Jan. 26th, 1872. Nathan Brown, colored, æt. 42, from Salem, N. J. Operation at the clinic. This was a case of great magnitude; the scrotum measuring thirty-five inches in its greatest circumference. The tumor contained several feet of small intestine. The testicle being diseased was removed, and a large sac containing a disorganized bloody mass evacuated. The intestine was replaced within the abdomen and the man recovered rapidly, being able to walk in before the class Feb. 8th.

Case XVII.—Strangulated umbilical hernia. May 10th, 1872. Mrs. Louisa Moore, æt. 38, admitted to Homœopathic Hospital. Period of strangulation four days; tumor as large as a child's head, existing for seventeen years. The omental covering was freely opened, and the ring at the median line below. The woman had a tedious but eventually an excellent recovery.

Case XVIII.—Strangulated left inguinal hernia. March 16th, 1872. Jonathan Mulford, æt. 70, Main St., Chestnut Hill, a patient of Dr. Malin. Tumor irreducible for years; strangulated for seventy hours; apparently in collapse at time of operation. Herniotomy disclosed firm old adhesions. He made a slow but good recovery.

Case XIX.—Irreducible left crural hernia. March 27th, 1872. Mrs. Eliza Eckert, æt. 28, 3314 Grape St., West Philadelphia, patient of Dr. J. P. Birch. Tumor made its appearance two years ago; now becoming so painful that she is unable to perform her household duties. It is too painful

to bear pressure of a truss. Herniotomy, with excellent result, and no after-descent of the gut.

Case XX.—Strangulated right inguinal hernia. March 27th, 1872. Mr. Hazael Mayhew, æt. 75, 1233 German-town Avenue; a patient of Dr. Williams. Period of strangulation five days, with constant fecal vomiting all that time. I saw little hope in operating, but performed herniotomy to give him a chance. The gut was found perforated, and he died that night, a few hours after the operation.

Case XXI.—Strangulated left femoral hernia. May 17th, 1872. Mrs. Michael Schwartz, æt. 50, wife of the hotel keeper at Red Bank, New Jersey, and patient of Dr. Wallace McGeorge. Strangulated thirty hours—hernia old and large, extending well up over Poupart's ligament and the abdomen. Herniotomy, with speedy recovery and no subsequent descent of the bowels.

Case XXII.—Irreducible left femoral hernia. July 23d, 1872. Mrs. Saunders, æt. 42, 503 Coates St. Hernia often so painful as to interfere with walking. Herniotomy, with speedily successful result. There has never been since a descent of the bowel, but she wears a truss for safety.

Case XXIII.—Omental hernia; left side. Oct. 7th, 1872. Hiram Brierly, æt. 59. Operation before the class at the college. Hernia very large, of twenty years' duration, filling up and greatly distending the scrotum. Herniotomy. The protrusion was tuberculated, thickened and festooned with deposits of lymph. Omental veins greatly enlarged, indicating obstructed circulation. The mass of omentum cut away, now at the Hospital Museum, weighed one and a half pounds. The man remained at the hospital many weeks, but eventually made an excellent recovery.

Case XXIV.—Large strangulated right scrotal hernia. August 19th, 1872. Mr. Buckley, æt. 60, Botts St., near Twenty-first and Ridge Road, a patient of Dr. Bartine. Dr. A. R. Thomas was present. Strangulation of two days duration. The small intestine, after filling up the whole right half of the scrotum, ruptured the septum at its upper portion and filled the left scrotum. Being very fat, it had the appearance of double hernia. Herniotomy. A large amount of intestine handled and returned. Death on the third day from peritonitis.

Case XXV.—Strangulated right oblique inguinal hernia. August 11th, 1872. Michael Keys, æt. 47, Church Lane,

off Darby Road; patient of Dr. Jones, of Darby. Period of strangulation over two days. Herniotomy under difficulties, with no assistant whatever and no light but that of a tallow candle. The man made a speedy recovery. There was an unusual amount of omentum accompanying the intestine.

Case XXVI.—Strangulated right femoral hernia. Sept. 11th, 1872. Mrs. Wm. B. Sweeton, æt. 47, living near the R. R. Depot, Chester, Pa. Fifty hours strangulated, with constant fecal vomiting. Patient of Dr. Mercer, who with Dr. Lewis was present. The loop of intestine when exposed was of a dark mahogany color enveloped in omentum, but the woman made a good recovery.

Case XXVII.—Strangulated right scrotal hernia. Oct. 7th, 1872. E. H. Link, plumber, æt. 54, 196 Cherry Street, Norristown, Pa., patient of Dr. M. Preston. Hernia many years irreducible, strangulated thirty-six hours; Herniotomy,—the thickened sac was found filled with tuberculated omentum folded over a quantity of small intestine. Speedy recovery.

Cases XXVIII and XXIX.—Double operation. Strangulated left inguinal hernia. Oct. 12th, 1872. Picard Baumann, æt. 62, 35 S. Second St., patient of Dr. J. G. Houard. This man had been successfully operated on by me for incarcerated hernia of the right inguinal region a year before, and at this date the trouble was on the opposite side. The herniæ in both cases were of many years' duration, but happened to be strangulated as I have recorded. The man was emaciated and feeble, but made a good recovery; the protrusions contained each an unusual amount of omentum.

Case XXX.—Strangulated right crural hernia. Nov. 19th, 1872. Mrs. Reed, æt. 55, 1712 Alder St.; patient of Dr. B. F. Betts. Incarceration thirty-six hours. Very old hernia. Herniotomy, with good recovery. No descent since, but wears a truss as a support.

Case XXXI.—Strangulated right scrotal hernia. Nov. 30th, 1872. Mr. Townsend, æt. 46, 1531 Cherry St.; patient of Dr. R. Sargent. Strangulated but a few hours. Hernia old. The operation revealed more than a foot of highly inflamed intestine. The man died in three days of unavoidable peritonitis.

Case XXXII.—Strangulated umbilical hernia. May 1st, 1873. Jane Roach, æt. 48, living at 14 N. 9th St., but admitted to the Homœopathic Hospital. Protrusion of great

size; first noticed six years before; strangulated forty-eight hours. Coverings dissected off, and omentum opened freely because attached. The ring was divided in the median line at the inferior border. The gut being black and perforated, was stitched to the side of the wound, resulting in an artificial anus, existing some months, and was then successfully closed. The woman is now in excellent health.

Case XXXIII. Strangulated right crural hernia. July 2nd, 1873. Mrs. Caroline Hoffman, æt. 43, 1015 Thompson St. Period of strangulation over three days; constant fecal vomiting; she had been treated by medicines and forcible attempts at reduction all that time by an old-school physician. Herniotomy, with successful result; although at the period of operation I considered the chances against her.

Case XXXIV.—Strangulated right crural hernia. Aug. 2nd, 1873. Mrs. Margaret Walker, æt. 51, 2124 Melcher St., had been ruptured two years. Period of strangulation *seven days*. Strangulated hernia not recognized. She had been treated by an old-school physician for obstruction of the bowels, and had had pumped into her half a gallon of olive oil, as well as other treatment. Constant fecal vomiting. I immediately performed herniotomy, and disclosed a small loop of blackened bowels. She died of peritonitis.

Case XXXV.—Strangulated right inguinal hernia. April 27th, 1873. Mrs. Ann Pfeifer, æt. 58, 3927 Elm St., West Philadelphia, a patient of Dr. Edgar J. Pusey. Hernia distending greatly the right labium; hitherto reducible; strangulated about twenty-four hours. Herniotomy showed continuity of the neck of the tumor with the abdomen above Poupart's ligament, and left no doubt of the nature of the case. The first case I had as yet met with in the female. The woman made a rapid recovery.

Case XXXVI.—Reducible hernia. May 2nd, 1873. Edward S. Percival, æt. 28, 4526 Main St., Frankford, came to me for double hydrocele, complicated with reducible hernia on right side, of some years' duration. The usual operation by incision and seton succeeded in curing both troubles. The silk was allowed by mistake of direction to remain on too long, and excess of violent inflammation confined him to his bed a longer time than I intended. The scrotum is now of natural or proper size, and there has been no descent of the bowel.

Case XXXVII.—Strangulated right femoral hernia. Sept. 6th, 1873. A lady, of Chester, Pa., æt. about 40, a

patient of Dr. Mercer. The bowel had been incarcerated two days. Herniotomy, with speedy recovery.

Case XXXVIII.—Strangulated left femoral hernia. Oct. 15th, 1873. Mrs. Gebhard, æt. 56, 639 Passyunk Road; patient of Dr. D. M. Tyndall. Had hernia five years. Fifty hours strangulated. Herniotomy, with speedy recovery.

Case XXXIX.—Nov. 27th, 1873. Mrs. Louisa Zahn, æt. 38, 1135 N. Second St. Enormous abdominal hernia in the walls of the abdomen at the line of incision for ovariectomy performed by me July 1st, 1872. I cut out two semi-elliptical flaps, one from either side of the tumor, and stitched the cut edges so as to make the appearance of the abdomen smooth and uniform. Length of flaps removed eight inches. Greatest width four and a half inches. The parts healed readily. She now wears an elastic bandage about the abdomen. Recovery excellent.

Case XL.—Incomplete inguinal hernia, right side. Dec. 29th, 1873. Thos. L. Jordan, æt. 32, 3810 Haverford St., West Philadelphia; a patient of Dr. I. P. Birch. Herniotomy, with successful result. The hernia was not strangulated, but the patient was unable to walk about, as it was so painful.

Case XLI.—Strangulated right femoral hernia. Jan. 24th, 1873. Miss Mary Kelly, æt. 50, Twenty-fourth St., one door north of Bainbridge. Five days strangulated. Herniotomy brought to view a perforated bowel, from which she died in three days. She had been treated for a bilious attack at first, and when too late, hernia was seen to be the cause, although she had been ruptured a long time.

I have other cases to report, but have not time to look carefully enough through or among my loose records to find them.

TREATMENT OF SKIN DISEASES AT THE POLICLINIC (DISPENSARY) OF LEIPZIG, BY DR. LORBACHER.

TRANSLATED BY S. LILIENTHAL, M.D.

CHRONIC skin diseases, in all their varieties, come under treatment, and although we cannot boast of great successes, we have the satisfaction of reporting some cures and many improvements, which must be considered satisfactory in a dispensary practice, where hygienic measures are so totally neglected; especially since even authorities like Hebra acknowledge their impotence in obstinate forms of prurigo, psoriasis,

etc., and *sapo viridis* remains their ultimum refugium. With the exception of scabies, we entirely relied on internal medication, though we do not deny the usefulness of external applications in some cases, nor do we fear injurious consequences from their application.

In the treatment of *scabies* our chief remedies were low potencies of *Sulphur* or *Mercurius*, and inunctions with *Sapo viridis* or *Styrax*. In dispensary practice the course of this disease will be always tedious, as patients constantly expose themselves to new infections; neither body nor bed-linen is ever thoroughly cleaned and disinfected; many patients only come under treatment after the disease has lasted some months and has taken on more the character of prurigo. Here we successfully employed the higher dilutions of *Sulphur*, *Sepia* and *Graphites*.

Of other chronic skin diseases, we treated eczema in its different forms, impetigo, favus, psoriasis, lupus, prurigo, herpes, pityriasis and acne. In eczema *Merc. sol.* and *Rhus tox.* in low potencies answered best. In psoriasis *Arsen.* acted well, also *Sepia* and *Lycopodium*. In one case we confirmed the symptom characteristic of *Thuja*: *eruption only on uncovered parts*. Although of sixteen cases we can only report three cures and three ameliorations, still we need not feel ashamed, as external medication gives no better results, for daily experience proves that the successes achieved by tar and other salves are only of short duration. Of forty-three cases of *prurigo* nine were cured and six improved. This disease only comes under treatment after having existed for years and been maltreated with salves. In most cases uncleanness and constant cutaneous irritation are to blame for it, although it may be seen in perfectly clean and healthy persons without any apparent cause. Most of our patients were children and young persons. Our remedies were *Sulphur* 6 and 30, *Mercur.* 6 and 30; in some cases the itching disappeared promptly under *Sulphur*³⁰.

Pulsat., *Arnica* and *Antimon. crud.* gave good results in *acne*. We relied on *Pulsatilla* where the patients were in the years of puberty. *Acne syphilitica* is the most obstinate form, and patients have hardly ever patience enough to await the result. *Acid nitr.*³ and *Merc. sol.*¹² were the means of amelioration when the patients had not taken any mercurials. We followed Bæhr's recommendation in touching the spots with flores sulphures suspended in fresh water, to be washed off the next morning with soap and water.

I feel now convinced that *in chronic diseases, where a radical cure is intended, the higher dilutions are to be preferred to lower potencies*; we found this to be the case especially in varicose ulcers of the legs, fistulæ, polypi, cutaneous eruptions and parietic states. But to be successful the indicated remedy must only be given at long intervals.

The varicose ulcer is often obstinate in dispensary practice. We witnessed palliative effects from Arsen., Arnica and Pulsatilla. I believe we would succeed better in the treatment of such cases, as there are so few characteristic symptoms, if in the selection of the remedy we also consider the constitutional relations, as it must be different if such an ulcer is found in a person of hydrogenoid or carbonitrogenous constitution. I thus cured two cases at the dispensary with *Thuja*¹² on account of the hydrogenoid constitution of the patient. One of them showed decidedly all the characteristics of syphilis (Grauvogl II., 212, e. g.).

We tried *Cundurango* in several varicose ulcers, but it is only indicated where the ulcer shows the character of granulating hypertrophy, as we find it where they are based on a syphilitic dyscrasia. We also saw some improvement from the same remedy in the hypertrophied form of lupus, although the patients remained away before a cure could be expected.

*Silicea*³⁰ was our chief reliance in *fistulæ*. We cured with this remedy two fistulæ of the parotid, a fistula of the pars petrosa of the left temporal bone emanating from the ear, which was treated for a long time in the surgical clinic without any benefit.

Merc. sol., *Calc. carb.*, *Sepia* and *Aurum* in the 30th dilution were our sheet-anchors in the removal of *polypi*, and though it takes some time, still the cure is a durable one; whereas after extirpation we frequently find relapses.

Paralytic cases in dispensary practice are commonly rheumatic ones and *Rhus tox.* the indicated remedy, although in one case, after *Rhus*³ and *Sepia*³⁰ brought amelioration, it needed *Alumina*³⁰ for a cure. I close with the following case:

A soldier had been exposed during the war to several drenching rains. He complained of drawing pains in the back and lower extremities, so that he could only walk with great exertion, the feet felt lifeless, and in the spinal cord he had the sensation as if quicksilver moved upwards and downwards; in the arms a paralytic heaviness, which prevented him from working; vertigo rarely and only transient; move-

ments of co-ordination, as far as they were possible, normal; some lumbar verterbræ sensitive to the touch; transient weakness of sight, though close examination failed to reveal the cause. Anæmia and emaciation. All such symptoms clearly pointed to *Phosphorus*¹², and in two months all paralytic symptoms disappeared, so that he could follow again his trade as cigar maker. During the following winter he was again exposed to the vicissitudes of the weather, and all his old symptoms returned, and *Phosphor.*¹² again removed them. Since then he has enjoyed good health. Such cases prove clearly, that we must never be misled by mere names; but that only the totality of the symptoms with characteristic hints can lead us to the selection of the right remedy.

A CASE OF ABORTION.

BY E. W. SOUTH, M.D.

ON October 5th, 1871, was called to see Mrs. —, a married lady of about 38 years of age. On my arrival the following facts were elicited:

The previous day she had arrived home from a visit some fifty miles distant, and while absent she had had a discharge of water from the vagina. She was pregnant about four and a half months, and had considerable pain in the back and through the loins. There was no flow, nor discharge of any kind from the genitals at the time of my visit, and in answer to my queries, I was informed that during a former pregnancy the same phenomenon occurred in her eighth month. It had passed over, however, without any further symptoms, and she had gone her full time and was delivered of a living child which is now two years old.

My object was now to discover whether this recent discharge of water was the result of a hydrorrhœic condition of the uterus and its contents, or a wasting of the amniotic fluid. The flow occurred suddenly and quite profusely, but *without any pain*, and although she noticed some diminution in the size of the abdomen, yet I was inclined to believe that it proceeded from

a dropsical condition of the uterus and its contents, and therefore treated it according to the symptoms present.

An allopathic physician was called in when the flow occurred (no practitioner of our school being at hand), who prescribed medicine, as he told her, to stop the flow of water, and ordered her to lie quiet; but subsequent facts proved that she took neither his medicine nor his advice, for she not only traveled home but kept around the house.

From the peculiar character of the pain present, I prescribed Kali carb., and ordered continued rest in the horizontal position until I saw her next day.

Oct. 6th. On calling I found the pains had moved around into each ovarian region, and were of a sharp, stinging nature, quite periodic, occurring about every thirty minutes; her back felt much better. I prescribed Apis²⁰ in solution every two hours.

Oct. 7th. On visiting my patient I found her entirely clear of pain, but in a high state of mental excitement on account of fear of inflammation. After partially calming her fears, I prescribed Sac Lac, and promised to see her next day, but at midnight I was summoned in great haste to see her. On arriving at her bedside, she informed me that "she had got hold of something, did not know what it was, but thought it must be some of her entrails." I immediately passed my hand to the vulva and found there some six inches of prolapsed cord, flabby and pulseless. This of course disclosed the true condition of things at once, viz., that the membranes were ruptured, that the liquid which escaped was the liquor amnii, and that the foetus was dead there could be no longer a doubt.

I endeavored to reassure my patient that the fact of the cord being down did not materially complicate the matter; but she now felt sure that putrefaction would set in and she would die. I found, however, that her mental condition was such (bordering almost on hysteria) that I at once determined to put into practice the plan laid down in some of our works

on obstetrics for the induction of premature labor by throwing a jet of warm water upon the cervix uteri.

In this operation I had to use a common gutta percha syringe with the female tube attached, and with some difficulty I succeeded in forcing the stream directly upon the os. I continued this for thirty minutes, my patient complaining of no pain nor inconvenience, but on the contrary, said it made her feel comfortable; in fact it produced a very marked effect on her mental condition, as she very soon became calm and quiet, perhaps because she thought something was being done to relieve her. I then left her, promising to see her in two hours and repeat the operation if necessary; but before I could see her again, I was called away and detained two hours beyond the stated time. On my arrival, however, I found that regular pains had set in about one hour after I left her and increased in strength until expulsion was accomplished about five minutes before my arrival.

The placenta was expelled in about fifteen minutes afterward, with very little loss of blood, and the patient made a rapid and satisfactory recovery.

PUERPERAL CONVULSIONS.

In the April number of the *Hahnemannian Monthly*, Dr. Lilienthal reports a case of puerperal convulsions, with an invitation for comments thereon. With the greatest respect for the distinguished Professor, the invitation is accepted by one person, with the hope that others will do likewise.

A young woman of full habit, such as is described, might be expected to have serious difficulty in her first labor. Nausea and vomiting during pregnancy would probably have had a compensating advantage by their relaxing effect on the muscular fibre. Rigidity of the cervix uteri is not strange in the circumstances. This rigid and irritable condition of the cervix naturally aroused the convulsive tendency dormant from childhood.

Bryonia, Cimicifuga and Caulophyllum, given in advance of labor, will diminish the irritability of the cervix and predispose it to dilate without serious difficulty. The use of these agents by the writer, for more than twenty years, leads him to trust them. They differ in their action and in their appropriateness to particular cases, but either of them will do more to avert a rigid os uteri than any other agent known to me. If the physician is not consulted until labor has commenced, he can only regret the loss of opportunity for their prolonged use. But even then one of them may be of service. If, for example, Caulophyllum is selected, one of its preparations may be given at short intervals, with prospect of advantage.

In addition to this medicinal action, as soon as an examination reveals the condition of the os, resort should be had to hot fomentations to the perineum and vulva. These will greatly aid the relaxing process. They should be as hot as can be borne without scalding the patient. They must be persistently used until at least a moderate effect is secured.

The sudden occurrence of headache in conjunction with other premonitory symptoms, call for the immediate application of heat to the nape of the neck and over the cervical vertebra. Hot fomentations, the hot water rubber bag, and perhaps even mustard, should be applied without delay.

The course thus marked out has repeatedly averted threatened convulsions and mitigated their severity when actually occurring. Of course other means may be used with advantage. In addition to the remedies already named, several well-known agents have proved beneficial. To none of them does the writer attach so much importance as to Caulophyllum. In the form of low triturations of Caulophylline, it has been especially trusted. In some of the cases thus treated, there was albuminous urine and dropsy. The hypodermic insertion of some solution of this agent might be expected to be the best mode of administering it to very bad cases. If a case of this kind resisted all the means alluded to, the writer would

unhesitatingly resort to the hypodermic insertion of morphia and atropine. The evidence in favor of such a course, in the hands of some of those who reject our therapeutics, seems to be conclusive. R.

POISONING BY COFFEE.

BY E. M. HALE, M.D.

It will perhaps be remembered that several years ago I published some accounts of a peculiar characteristic symptom of *Coffea*, which had not been recorded as pathogenetic, namely:

“Terrible toothache relieved only by cold water held in the mouth—aggravated by every thing else.”

I have frequently verified this symptom in practice, and so have many of my colleagues. I now have the pleasure of recording a case of poisoning by *Coffea*, where this symptom was the most severe and persistent of all its effects.

Mr. W., a young lawyer, wishing to perform an important mental labor in writing, drank one cup of intensely strong coffee without milk or sugar, about 8 P.M. After writing several hours, he was seized with such an intense pain in the teeth of the right lower jaw (not decayed) that it drove him nearly crazy. He came to my office after midnight to get some relief. He had already observed that no application relieved the pain but *cold water*. So soon as the water became warmed in the mouth the pain returned.

Not knowing that he had taken a poisonous quantity of coffee, I gave him *Coffea*³; but to my surprise, he came back in the morning, reporting no relief. I then gave *Coffea*², but no relief came in six hours. Then he told me about his coffee poisoning. Electricity was tried and gave relief for several hours after the first application; but subsequent applications were of no benefit. He then tried a variety of nostrums for several days, but none gave more than temporary alleviation. I gave him *Nux vom.* and *Cham.* to antidote the coffee,

and *Pulsat.* for "relieved by cold drinks" (see Hull's Jahr) but no benefit accrued. The odontalgia gradually wore away in a week, leaving him so nervous and shattered that he was fully convinced that coffee was really a potent poison.

We have now the necessary evidence corroborative of the power of coffee to cause and cure this kind of odontalgia.

OTALGIA CAUSED BY MENTAL SHOCK CURED BY ARNICA.

BY A. P. BOWIE, M.D.

A SHORT time after reading Dr. Hale's case on page 285, Vol. IX., of the *Hahnemannian Monthly*, a lady came to my office for medicine to relieve a pain in her ear, and from which she had suffered for some time, and which was caused by the following circumstance. One day a lady acquaintance of her's was relating an account of an accident she had met with a few days before, in which she had sustained serious injury to one of her ears, and told it in such an impressive manner that she was very much horrified by the details of the accident and was immediately taken with a pain in her ear, which has continued for several months. Pain in the cartilage of the ear, of a sore and bruised character, with occasional stitches in the ear. Arnica³⁰, one powder every evening, was given for a week, after which the pain ceased, and has not returned.

SPECIAL NOTICE.

Thirty-first Anniversary and Twenty-seventh Session of the American Institute of Homœopathy.

THE Twenty-seventh Session of the American Institute of Homœopathy will be held at the INTERNATIONAL HOTEL, NIAGARA FALLS, N. Y., commencing TUESDAY, JUNE 9th, 1874, and continuing four days. The "PRELIMINARY MEETING" will be held on the evening of Monday, June 8th, at the same place.

Reports and papers will be received from the following bureaus, on the subjects indicated:—

BUREAU OF MATERIA MEDICA, etc., T. F. Allen, M.D., *Chairman*,
3 East Thirty-third St., New York.

Subjects. 1. Provings of Calabar Bean. 2. Verifications of
Lilium tigrinum. 3. The Significance of Primary and
Secondary Symptoms.

BUREAU OF CLINICAL MEDICINE. L. E. Ober, M.D., *Chairman*, La
Crosse, Wis.

Subject. Meningitis Cerebro-Spinalis.

BUREAU OF OBSTETRICS. J. C. Sanders, M.D., *Chairman*, Cleveland, O.

Subject. Puerperal Fever.

BUREAU OF GYNÆCOLOGY. S. R. Beckwith, M.D., *Chairman*, Cincin-
nati, O.

Subject. Uterine Hemorrhage.

BUREAU OF PÆDOLOGY. T. C. Duncan, M.D., *Chairman*, 287 West
Randolph St., Chicago, Ill.

Subject. Cholera Infantum.

BUREAU OF SURGERY. E. C. Franklin, M.D., *Chairman*, 1402 Olive
St., St. Louis, Mo.

Subject. Fractures and Dislocations.

BUREAU OF ANATOMY, PHYSIOLOGY AND HYGIENE. J. D. Buck, M.D.,
Chairman, Cincinnati, O.

Subject. The Functions and Disorders of the Lymphatics.

BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS. T. S. Hoyne,
M.D., *Chairman*, 817 Wabash Ave., Chicago, Ill.

Full reports from all homœopathic medical societies, institu-
tions and other organizations are requested, that a complete
report may be made to the Institute.

BUREAU OF PSYCHOLOGICAL MEDICINE. G. W. Swazey, M.D., *Chair-
man*, Springfield, Mass.

1. Psychological Diseases in Relation to Homœopathy, by Dr.
J. H. P. Frost. 2. Hospitals for the Insane, their Organiza-
tion and Management, by Dr. S. Worcester. 3. Influence of
the Mind in the Cure of Disease, by Dr. T. L. Brown.
4. Psychical Nosology, by Dr. Geo. F. Foote. 5. Popular
Psychology, by Dr. G. W. Swazey.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY. M. Macfarlan, M.D.,
Chairman, 1721 Chestnut St., Philadelphia.

Subjects. 1. Cataract. 2. Catarrhal Inflammation of the Mid-
dle Ear.

BUREAU OF MEDICAL LITERATURE. S. Lilienthal, M.D., *Chairman*, 230
West Twenty-fifth St., New York.

A full report on this subject will be presented.

Papers are solicited from members by the various bureaus, especially on the subjects selected. Papers on other subjects are likewise solicited. All papers should be placed in the hands of the chairmen of bureaus, prior to the meeting; or they may be sent to the General Secretary.

In addition to the reports of bureaus, the following committees will render reports:—Committee on Foreign Correspondence; Committee on Colleges; Committee on a Homeopathic Dispensatory; Committee on Legislation; Committee on Climatology. There will also be presented a Necrological Report.

The Executive Committee of the Institute have reason to believe that this forthcoming meeting will be memorable as in every way one of the best and most profitable meetings of the organization. It is expected that the attendance will be very large.

Applications for membership may be had by addressing the General Secretary.

At the time of meeting the principal Rail Roads will be selling "Excursion Tickets" to Niagara Falls, at reduced rates. The board at the International Hotel will be \$3.00 per diem;—a deduction of \$1.50 per day in favor of members and those accompanying them. All other expenses have by special arrangement been proportionally reduced.

The General Secretary will issue a circular on or about the 10th of May, which will contain further particulars.

ROBT. J. MCCLATCHEY,
918 N. Tenth St., Philadelphia,
General Secretary.

A CALL

UPON ALL HOMŒOPATHIC PHYSICIANS FOR THEIR CO-OPERATION IN THE
PROVING OF MEDICINAL SUBSTANCES UPON HEALTHY HUMAN
BEINGS AND ANIMALS.*

HOMŒOPATHY can accomplish its task to cure human beings and animals of their diseases, only in the measure in which it has more or less exhaustively completed the provings of medicinal substances upon the healthy organism, as regards the diseases artificially produced by them. Homœopathy is founded exclusively upon the ground of these provings, and with their scarcity or discontinuance, its further healthy development is arrested.

How could one even think of attempting to cure homœopathically, *in all those cases for which the diseases similar thereto have not been produced as yet artificially by means of drug-provings either on healthy animals or human beings?*

*The Editors of all American Hom. Journals are requested to publish this "Call" un-abridged in their columns.
THE PROVERS' COMMITTEE.

Thus, how could one, in case of the return of certain diseases, such as Asiatic cholera for instance entertain any hope of mastering that malady more and more surely, if by provings he has not elaborated the more and more sharply defined characters of our present cholera-remedies and their analogues.

However, what does it imply, to elaborate by provings the more sharply defined characters of a remedy?

The means of estimating almost all the phenomena of diseases have increased with the progress of natural sciences. None of them ought to be neglected or even insufficiently applied in our drug-provings. Thus:

1. All methods of physical examination (*e. g.* auscultation, percussion, laryngoscopy, etc.) must be used as aids with the greatest accuracy and precision.

2. All chemical examinations of organic substances pathologically changed, must be made with the assistance of all the methods which the progress in chemistry has placed at our command, and which strive for the most precise determination of their inner chemical constitution.

3. Pathologico-anatomical neoplasmata must be examined and determined macroscopically and microscopically with the utmost care.

The highest mark which any prover of a certain medicinal substance can aim at is, the production of a well-defined pathological process in its totality by virtue of the action of this substance upon his healthy body, or if he should not be in perfect health himself, or too feeble for such a task, upon another healthy person* under his immediate control, or, at least, upon a healthy animal. But even single pathological phenomena (in case a prover could obtain only such), if only well marked, are welcome as fragments, which others will readily seize upon with a full appreciation of their value for the completion of the artificial pathological picture.

At Vienna the medicinal substances selected for experimentation are proved upon animals at different localities. Zoologists, physiologists, chemists, histologists, etc., of repute have promised their counsel and assistance for these experiments, which will be carried on by experienced drug-provers.

Whoever should wish personally to witness the method of producing artificial diseases by means of certain drugs upon healthy animals, or take part in these experiments, at least as observer or relator of all pathological data found upon animals selected for such experiments, will find opportunity for it at the University of Pesth, in the Homœopathic Institute devoted to the production of artificial diseases.

The advice to provers with regard to the diseases occasioned by drugs, which have been collected and summed up by the Committee selected by the Society, from the exceedingly valuable results of the drug-provings of the Provers' Union of Vienna, may be found in Vol. I of the "*Zeitschrift des Vereins Hom. Aerzte Oesterreichs*," edited by Dr. J. O. Muller (Vienna, 1857). We recommend them to the attentive perusal of all those who, for the first time, enter upon the task of undertaking the physiological proving of a certain medicinal substance upon themselves, others, or animals.

In view of all that has come to notice of Asiatic cholera within the

*Here it is desirable to include especially single and married women as well as children.

current year in Europe, we propose to select the *Metallic Copper* as the first medicinal substance for re-proving.

On closing its pathogenesis, we shall take up the proving of *Cuprum aceticum*, *Cupr. sulphuricum* and *Cupr. arsenicosum* in the order given, and at suitable longer or shorter intervals, continually compare the results obtained with those of the proving of the metallic copper.

The centesimal triturations of the metallic copper will be microscopically examined immediately after their preparation, and previous to their distribution among the provers, as to the quantity as well as minuteness of the copper-particles divided by trituration with milk-sugar, and the result represented by illustrations, to be annexed to the printed report of the proving. In the same manner, the copper-solutions will also be first examined microscopically, and by the aid of the spectrum analysis, in case the microscope should fail to demonstrate the presence of copper-particles, and the result of these researches published afterwards with the addition of faithful and well-executed illustrations.

The medicinal substances selected for the proving, together with the most accurate description of the manner of their preparation, will be sent to every prover at the expense of the Society, or if it be his desire, at standard rates, from Dr. Willmar Schwabe's Homœopathic Central Pharmacy "zum Samuel Hahnemann," at Leipzig.

The respective remedy, selected for the proving by the Central Society, will be kept on hand at the above-named establishment, in all decimal triturations and dilutions, ready to order, according to the individual choice of the prover.

The result of the provings must be sent to Dr. Clotar Müller, Chief Editor of the *Internationale Hom. Presse*, No. 5, Rudolphstrasse, Leipzig.

By order of the Meeting of the Central Society of the Homœopathic Physicians of Germany.

DR. ERNEST HILARIUS FROLICH, of Vienna.

PROF. DR. FRANCIS HAUSMANN, of Pesth.

Translated by Emil Tietze, M.D., from the *Internationale Homœopathische Presse*, Vol. IV., No. 1.

EDITORIAL NOTES.

HOMŒOPATHY IN NEW JERSEY. Hudson county, New Jersey, has certainly exhibited an advanced civilization. A County Board of Health has been appointed, consisting, as the law creating it stipulates, of the county physician and two other members, one a homœopathic and the other an allopathic practitioner. Dr. J. J. Youlin, of Jersey City, was chosen unanimously by the Freeholders as the homœopathic member of the Board.

HOMŒOPATHY IN PENNSYLVANIA. A charter for a large general homœopathic hospital, including a department for the insane, has just been granted by the Courts of Philadelphia, under the title of *The Homœopathic Hospital of Pennsylvania at Philadelphia*. The incorporators include some of the most influential and wealthy business men of Philadelphia and vicinity. Mr. A. B. Reynell, Agent of the Homœopathic Mutual Life Insurance Company of New York, is about to make collections for the new institution.

A bill to provide for the erection and support of an asylum for the insane, to be under homœopathic control, has been introduced into the Senate of Pennsylvania. It is in danger of being smothered in

committee. Let the physicians throughout the State use their influence with their friends and patrons to demand of the Legislature the passage of this bill as an act of justice and right to a large proportion of the community, and it will soon become a law. Homœopathy, while it increases its sphere of usefulness daily in private practice, makes no public progress in Pennsylvania, simply because its professional representatives do not exert themselves to secure their rights.

OUR COLLEGES. The various homœopathic colleges throughout the country have had their *commencements*, and have sent forth into practice scores of young men who have taken upon themselves the duties and responsibilities of practitioners of the healing art. Can their teachers, one and all, call heaven to witness that they have done their utmost to inculcate sound medical principles, and to impart the utmost amount of useful medical knowledge; and can their pupils, one and all, lay their hands upon their hearts and declare that they have faithfully and honestly striven to perfect themselves as much as is possible during the short term of their pupilage, in such knowledge as will avail them in moments of deadly peril for their patients? If so, then mankind may bless the day when these colleges sent forth these graduates. But if the experience of the past is to be taken as evidence for the future, then there are some of these men and women who will deserve more curses than blessings, and will be apt to get them too. The "elevation of the standard of medical education" is a set phrase so often reiterated, that it has become flat and stale, and bids fair to be unprofitable. Cannot the colleges agree to adopt the three years graded course as imperative, and thus obviate that underbidding which they all seem to fear? Of one college it is rumored that improper persons have been graduated. These rumors should be refuted or confirmed by a thorough investigation by proper authorities, and *fiat justitia ruat cælum* should be the motto of the investigators.

HOMŒOPATHY IN CINCINNATI. At the Free Homœopathic Dispensary of Cincinnati, under the charge of Drs. T. P. Wilson and O. W. Lounsbury, the following business was done for the quarter ending Feb. 1st, 1874: Number of Patients treated in the Medical Department, 456. Number treated in the Eye and Ear Department, 195. Total, 651. Daily average of Prescriptions, 22.8. Number of Operations, 20. Number of Visits, 253.

Drs. S. R. Beckwith, W. H. Hunt, and E. C. Beckwith have organized and opened for the reception of patients the *Cincinnati Sanitarium*, for mental and nervous diseases. It is an establishment at which persons afflicted with this class of disorders can find a home surrounded with all the comforts found in private residences, and be provided with good medical treatment and kind care, as well as being secure from harm to their friends and others. The names of the physicians in charge are a sufficient guarantee that patients committed to their care will receive kind, considerate and skillful treatment.

HOMŒOPATHY IN NEBRASKA. The regular annual meeting of the Nebraska State Homœopathic Medical Association will be held at Omaha, May 19th, 1874. The general profession are cordially invited to participate. Dr. A. C. Cowperthwaite is the Secretary.

HOMŒOPATHY IN INDIANA. The Indiana Institute of Homœopathy will hold its annual meeting at the Congregational Church, Indianapolis, on the 13th and 14th of May, 1874. Dr. Wm. Eggert, of Indianapolis, is Secretary. A large and interesting meeting is expected.

MEETING OF VETERANS. The "veterans" of the American Institute of Homœopathy are expected to meet in full force at Niagara Falls, under a call from Dr. Geo. W. Swazey, Secretary of the Veterans' Association. Let them gather and the younger men will do them honor.

STATUE OF HAHNEMANN. The Orange County (N. Y.) Homœopathic Medical Society have appointed a committee to collect funds for the erection of a suitable life-size statue of Hahnemann upon the grounds of the State Homœopathic Asylum for the Insane, at Middletown, N. Y. All contributions should be addressed to Dr. F. W. Seward, Middletown, N. Y.

COLORADO FOR CONSUMPTIVES. Dr. M. Mayer-Marix, of Denver, intends hereafter to devote himself exclusively to the treatment of diseases of the throat and lungs. Physicians advising invalids suffering from pulmonary diseases to visit Colorado, will do well to bear this in mind. The doctor advises against sending advanced cases to that section of country.

TWO IMPORTANT NOTICES. We print with this number two important notices: 1st. That referring to the forthcoming meeting of the American Institute of Homœopathy, and 2nd, the call of the Provers Committee of the German Provers' Association. They should receive the attention of every homœopathic physician in the country.

REMOVALS.—DR. H. C. CLAPP has removed from 35 Howard St., to 518 Tremont St., Boston, Mass.

DR. LUCIUS D. MORSE has removed from 19 West Court St., to 260 Second St., Memphis, Tenn.

DR. JOS. E. JONES, of West Chester, Pa., has removed to his new residence, 39 South High St.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBT. J. M'CLATCHEY, M.D., SECRETARY.

THE Annual Meeting of the Society was held at the College Building, on Thursday, April 9th. In the absence of the President, Dr. Jacob Jeanes was called to the Chair. The night being exceedingly stormy, but few members were present.

Drs. A. C. Rembaugh and J. J. Griffiths were elected members of the Society. The Treasurer's Report was read, accepted and ordered filed.

The Society then proceeded to the election of officers, with the following result:

President: Pemberton Dudley, M.D. *Vice President:* C. S. Middleton, M.D. *Treasurer:* A. H. Ashton, M.D. *Secretary:* R. J. McClatchey, M.D. *Scribe:* Bushrod W. James, M.D. *Censors:* A. Korndorfer, M. D.; M. S. Williamson, M.D.; H. J. Sartain, M.D. *Committee on Provings:* A. Korndorfer, M.D.; Jacob Jeanes, M.D.

The Secretary then read the report of the Scribe, as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

WEATHER PROVING.

Observed at the N. E. cor. Eighteenth and Green Sts., Philadelphia, Pa.

March.	Average Temperature.	Barometer Average for the 24 hours.	Velocity of Wind.	Mortality Record.	Disease Tendency.	Atmospheric Conditions.
1	33	33.11	6		Languor and fever.	Clear and mild all day.
2	44	30.16	3		Typhoid cases and rheumatic pains.	Clear and mild all day, and full moon and bright night.
3	64	29.80	20			Warm, cloudy and damp in the morning, clearing in the afternoon.
4	37	29.99	17		Several pleurisy cases; others variable, pains about the chest.	Warm and rain, clearing towards noon and clear and cooler in afternoon.
5	40	30.14	6		Flying pains and neuralgias.	Genial spring-like day.
6	33	30.15	12		A number of cases have a pain under left shoulder blade, running around & through the left chest to front of ribs.	Cloudy morning and chilly. Snowing at 10 o'clock. Rainy evening.
7	37	29.77	14		Headaches and dull feeling and pains in the spine, cervico-dorsal region.	Rain, N. E. storm. Mist and rain.
8	31	29.77	24		Anginas, coughs and chest pains.	Clear—high winds.
9	29	29.69	32		Pains in spine at cervix and left side of neck; several cases of stiff neck, affecting left side and shoulder.	Clear—high winds.
10	35	29.63	30		Coughs worse.	Clear and partly cloudy; high N. W. winds, dusty.
11	27	29.75	28		Pains in the nape of the neck; neuralgias and variable pains about the chest.	Clear—cooler—N. W. winds continue; very dusty.
12	24	29.72	22		Diarrhoea cases; one case of dysentery; urgent quick passages.	Clear—cool—N. W. winds continue; very dusty. Colder during evening.
13	25	29.98	27		Neuralgic cases worse; several rheumatism cases—disposition to hemorrhages.	Morning clear, windy and cold. Afternoon cloudy and calmer.
14	32	30.21	8		Spinal irritation cases worse; cases of epistaxis and other hemorrhages occur.	Clear all day—dusty day.
15	35	30.42	5	Phthisis pulm. Fem. Age 38; died 1 A.M. Slept quietly away.	Epistaxis and expectoration of mucous covered with blood. Anginas worse.	Clear all day. Milder and quite calm.

March.	Average Temperature.	Barometer Average for the 24 hours.	Velocity of Wind.	Mortality Record.	Disease Tendency.	Atmospheric Conditions.
16	38	30.35	6			Cloudy.
17	50	30.19	3		Hoarseness.	Rainy—drizzling and mild.
18	53	29.96	8		Variable pains and aches.	Cloudy and warm prostrating day.
19	62	29.72	14		Some fresh epistaxis cases. All cases complain of debility; many have flying pains & aches.	Warm, damp, rainy, cloudy, heavy storm, about 7 o'clock evening.
20	43	30.10	6		Patients very restless last night. Cerebro spinal meningitis cases been setting for several days; fresh ones to-day. Typhus & typhoid symptoms chilly, some diarrhoea prevailing, and vomiting. Dyspepsia and nervous cases worse.	Clear and cooler.
21	45	30.02	8		White tongues. Nausea cases, gastralgias and enteralgias. Flying pains.	Clouds flying over in morning—bright, clear, genial day.
22	43	29.81	12		Spinal irritation and nervous cases better.	Clear, bright and mild, about noon some winds.
23	29	30.29	24		Nearly every patient was wakeful and restless last night; several could not get to sleep until 2 o'clock. Patients generally suffering more.	Clear, high W. & N.W. winds, dusty.
24	30	30.42	8		Coryza cases occur and fresh colds; hemorrhoid cases worse.	Clear and colder, high N.W. winds, dusty.
25	42	30.12	13		Fresh cases of anginas and coughs, with tickling in the throat. Weak eyes suffer; stinging and aching in eyes and some conjunctivitis cases.	Clear, milder; winds from S. W., dusty.
26	48	29.85	12		Coryza cases continue: Anginas painful. Patients restless last night.	Clear, some winds.
27	41	29.99	6		Anginas and coryza improving. Weak eyes worse. Burning and stinging in eye-lids.	Clear and mild, not sultry.
28	43	30.07	5		Low fever cases improving.	Cloudy, with showers. Aft. clear.
29					Fresh cases of painful and weak eyes occur.	Snowing at 8 A. M., clearing off about 10, and then was a clear, fine, calm day.
30	49	30.02	30		Eye cases better.	Clear and fine, and mild most of the day.
31	32	30.14	12		Pains across and through lower part of chest.	Morning cloudy.

Dr. A. C. Rembaugh reports for the 28th four cases of severe abdominal colic.

REPORT OF WM. H. COOK, M.D., FOR MARCH, 1874.

Observations on the tendency of Diseases in connection with Meteorological changes, made at Carlisle, Pa., 500 feet above the sea, in Latitude 40° 12', Longitude 77° 13', west of Greenwich, for the latter part of March, 1874.

March.	Average Temperature.	Barometer Average for the 24 hours.	Velocity of Wind.	Mortality Record.	Disease Tendency.	Atmospheric Conditions.
14	32	30.04			Erysipelas, bronchial catarrhs.	
15	36	30.07			Consumption, sinking rapidly.	Alternate snow and rain.
16	43	30.08			Colds affecting bronchia and entire alimentary tract. Diarrhoea & dysentery	
17	43	29.94			Lung troubles predominating. Erysipelas.	E. wind, fog and mist falling.
18	50	29.59			But a few new cases, old at a stand still.	S. W. wind. Thunder-storm and rain 4 P. M. Mist.
19	57	29.39			Erysipelas, bronchial cases improving.	Alternate sunshine and showers.
20	47	29.61			Acute bronchitis in young children.	N. W. wind, clear and bright day.
21	48	29.68	10		Pneumonia, bronchitis of children.	S. W. wind. Alternate clear and cloudy.
22	47	29.52	15		All cases of erysipelas improving; bronchial catarrhs increasing in number	N. W. wind, clear.
23	32	29.89	30		Severe cases of bronchitis in young children who do not go out of doors, those much in open air exempt.	N. W. wind, clear.
24	28	30.18	20		Abscesses of jaw, breasts and neck opening. Epistaxis.	N. W. wind, clear.
25	35	29.98	10		Two cases pneumonia; many cases bronchial catarrh.	Wind S. W. Alternate clear and cloudy.
26	40	29.57	6		No new cases.	Wind S. W. Alternate clear and cloudy.
27	47	29.62	5		No new cases.	Wind S. W. Clear A. M., cloudy and rain P. M.
28	43	29.78	20		Hoarse colds.	Wind W. of N., clear.
29	42	29.90	20		Bronchial catarrhs.	Wind N. W., clear.
30	43	29.73	20		Catarrhs, epistaxis, sore eyes.	Wind N. W., clear.
31	36	29.72	12		Intestinal catarrhs.	Wind N. W. Melting snow falling all day.

DISEASE TENDENCY FOR MARCH, 1874.

Reported by Ernest A. Farrington, M.D., of Philadelphia.

- 16 Tonsillitis, (several cases). A man who suffered on Saturday from croupy cough, wheezing, etc., (just like a child with croup) found his symptoms changed into a loose cough, with rawness of throat and chest, pains in the "bones," etc. Measles; catarrhal symptoms marked more than the gastric.
- 17 Same class of cases; sharp pains in right chest (three cases).
- 18 Several cases of rheumatism, muscular, not articular; sore throats and coughs continue.
- 19 Three cases of neuralgia of the face, all of which date from last week, but now changed so as to involve the teeth (decayed teeth). *Languor among all I visited.*
- 20 Several cases of watery, painless diarrhoea, not traceable to dietetic errors.

- During the cloudy weather this week, all the catarrhal cases were worse in the evening air (those who could go out); two neuralgic patients, patients taken yesterday with sore throat, two with rheumatism (from yesterday, one from 17th) reports much improved since 4 P. M. to-day (20th).
- 21 Catarrhs continue (three new cases). One new case of neuralgia, sick since Monday, *worse to-day*. New cases of measles. *Most patients feel better*. Rheumatic patients better.
 - 22 Neuralgias.
 - 23 Colds have changed; coryza, much sneezing. Patients complain of being sleepy (perhaps from wind). Two cases of dysentery.
 - 24 Same as yesterday, only cases are more marked; sharp pains in the chest (pleuritic). *Sneezing is markedly periodical and common*. (A man who had been apparently well of articular rheumatism for a week, with perhaps the exception of some stiffness of the joints, became worse on the 23d; sharp pains in joints; *yet he had not been out of the house*).
 - 26 Bilious symptoms; torpid liver; three cases of dyspepsia acute not traceable to improper food.
 - 27 Three new cases of "biliousness" *with pains in the legs*. Intermittent fever.
 - 29 A case of Asthma on night of 28th, became better without medicine as soon as the snow fell morning of 29th. Always feels better when snow falls. Earache among children.
 - 30 Sore throat and chest, rawness, eating hurts less than swallowing saliva. Choking (in all), hoarseness.
 - 31 Among adults laryngitis (catarrhal), with symptoms of choking; among children, croup.

MORTALITY OF VARIOUS CITIES.—The *Popular Science Monthly* says: "Dr. Charles P. Russell gives a tabulated statement of the various States of the Union, from which we borrow the following regarding the death rates of various cities: The highest death rate in 1873 was exhibited by Memphis, where the deaths were 46.6 in each 1,000 inhabitants. Other cities followed in this order: Savannah, 39.2; Vicksburg, 36.5; Troy, 34; Hoboken, 39.9; New York, 32.7; Newark, 31.6; New Orleans, 30.6; Boston, 30.5. The rate for Philadelphia was only 26.1; Brooklyn, 28.1; St. Louis, 21; Chicago, 27.6; Baltimore, 25.1; Cincinnati, 20.5; San Francisco, 17.2. This compares not unfavorably with the mortuary statistics of British cities, where the lowest rate was 21.4, that of London; Bombay and Calcutta only 29.2 and 25 respectively. The highest known death rate prevailed in Valparaiso, Chili, 66.9."

EUCALYPTUS GLOBULUS OR AUSTRALIAN GUM TREE.—It has been proven to be an anti-miasmatic tree, but it will not grow where the thermometer falls to 37 degrees Fahr. so it is claimed, and experiments are now making to test the matter.

We remember seeing a large number of these trees growing at different points on the Bay of San Francisco, especially at Oakland and San Francisco, where the temperature scarcely, or never, gets down to the freezing point. It makes a good shade, and seems to thrive well in that dry region even in the dry season of that climate.

MANUAL COMPRESSION OF THE UTERUS.—"This manipulation was first suggested by Crédé to expel the placenta, and then employed by Dr. Cristeller to aid the expulsive action of

the uterus during labor. Travelers have reported the custom as long common among uncivilized nations, such as the Javanese. Dr. Lehman reports two cases (Schmidt's *Jahrbücher*, 159, 7, 1873) in which the progress of the parturition was arrested by the absence of uterine contractions. Firm pressure was applied to the abdomen from above downwards for thirty seconds, and repeated at intervals of two or three minutes, with the effect of completing the delivery after three or four repetitions of the procedure. The placenta were expelled immediately after, and the uterus contracted normally. In atony of the uterus, this treatment would seem to be very efficacious."

THE LOCAL TREATMENT OF CAVITIES IN THE LUNGS.—“The *Medical Times and Gazette*, February 18th, 1874, states that a novel method of treating pulmonary cavities in phthisis and dilatation of the bronchi, was lately submitted by Professor Mosler, of Griefswald, to the notice of the members of the German Association, at their annual meeting at Wiesbaden. It consists in injecting certain drugs through the wall of the chest into superficial caverns, and leaving the canula in, so as to repeat the operation frequently at discretion. Mosler went even farther; he made an incision into the wall of the cavity, inserted a silver tube or elastic catheter, and succeeded in drawing away the secretion and in disinfecting the pyogenic walls by means of a weak carbolic acid lotion. No difficulty was experienced in the operation, and the condition of the patient was improved; the cough became less troublesome, and the febrile symptoms apparently moderated.

Mosler's patient was still under treatment at the time of his communication, so that it was impossible to tell what the final result would be, and whether granulation and cicatrization would ensue. One point seemed settled, as far as it could be by experiments, and this was that the local treatment of pulmonary cavities is undoubtedly practicable, and that the lung is more tolerant of external interference than has generally been believed. At the same time, the risk of pneumothorax, hemorrhage and pyæmia must not be forgotten.” *Boston Med. and Surg. Journal*, March 19th, 1874.

CONSTIPATION. SENSIBLE VIEWS FROM AN OLD-SCHOOL SOURCE.—An editorial in the *Boston Med. and Surg. Journal* for March 19th, 1874, shows that some of Hahnemann's ideas on this *symptom* are at last creeping into the heads of our medical opponents, and if the journals will only push the views be-

fore their adherents and friends, a few years may see violent and baneful purgation, now so common among them, fade away as permanently as venesection has before the light of medical reform. We will extract the following :

“ A recent number of the London *Medical Record* contains an abstract of a clinical lecture by Professor Skoda, on constipation, particularly that of pneumonia. The lecturer considers the physiological difference of habit in individuals, and concludes that these differences do not affect health. He states that fecal matters may sojourn for a long time in the intestinal canal without undergoing any modifications prejudicial to the organism, and that constipation does not in itself constitute a state very dangerous to the general health. This fact has hitherto been too much disregarded in practice, and much harm has been done by the untimely use of purgatives.

The gases which are developed in the intestinal canal are retained with the fecal matters. They are necessary for the evacuation of the fæces, assisting this process by diminishing the friction of the fecal masses against the walls of the intestine. In cases where these gases are not present, the evacuation will take place with difficulty. In cases of prolonged constipation, there is usually but little gas present.

Since the retention or the increase of fecal matter in the intestinal canal exercises no morbid influence on the system, Skoda states that one cannot too strongly insist on the fact that it is absolutely useless to give a purgative in the course of pneumonia, when there is reason to desire that the patient should be left at rest.

It is only when he becomes incommoded by the accumulation of gases and liquids tending to embarrass the respiration, that we should seek to unload the intestine.

When constipation has lasted several days without inflation of the belly being produced, it is absolutely useless to interfere, for it is a sign rather favorable for the normal condition of the malady. We do not diminish at all the intensity or duration of pneumonia by provoking intestinal flux ; on the contrary, a new affection—intestinal catarrh—is created, which cannot but be prejudicial to the general condition and augment the malaise.

The old idea that the respiration becomes less embarrassed in patients with pneumonia when diarrhœa supervenes, is a false one. When in the conditions here pointed out, there is any indication for putting an end to constipation in pneu-

monia, clysters should be employed, and purgatives should as much as possible be withheld.

The administration of a purgative gives rise in the majority of cases to a certain excitement of the patient, and he commonly finds himself far less well after the purgative than he was before it. Oppolzer has shown that this same state of things is true of the use of tartar emetic. By its exhibition the condition of the patient is temporarily made worse, and it is only when the effect of the medicine has passed off that he experiences relief, the relief being due not to the action of the remedy, but to the disappearance of the malaise which the remedy had superadded to the primitive state of the patient.

From these considerations the deduction is, that in the great number of diseases we are to abstain from purgatives as long as they are not indicated in the clearest manner."

THE "SPIRILLÆ" OF RELAPSING FEVER.—"The blood of a person suffering from recurrent fever can be preserved an entire day, and their peculiar movements observed, when the blood has been removed during the feverish period of the attack. But at the cessation of the attack—with one exception—even in the blood freshly taken from the patient, they were no longer to be found.

By the injection of such blood-serum containing lively spirillen into the veins of a dog, we could not excite any recurrent or indeed any fever at all. We found, however, in glycerine and in weak solutions of corrosive sublimate, a means by which the movements of these forms are prevented.

The dying out of the epidemic in June, 1873, towards the end of which month the typhoid character of the disease showed itself, and the fact that in numerous cases either no relapse at all, or only rudimentary second or third attacks followed the primary one, made it impossible for us to come to a satisfactory conclusion as to the therapeutic value of the substances employed.

The best method for looking for the *spirillen* in the blood, is by acupuncture of the patient's finger, allowing a drop to flow out, to catch the next on the object-glass, and examine immediately with a power of about three to five hundred diameters. One can then see the objects in question as remarkably fine, smooth, wavy threads, situated in the interspaces between the masses of blood corpuscles, when the drop of blood that was taken is not too large.

The pathological anatomy of relapsing fever has been further

enriched concerning another important point. Dr. Ponfrick, in addition to the infarctions of the spleen which he mentioned, has found similar infarctions in the medulla of the long bones, which here and there are distinctly wedge-shaped, and which must be referred to circumscribed vascular territories, which present here and there softened centres. Probably these foci are of an embolic origin. If we compare the remarkable behaviour of the *spirillen*, described by Engel and myself, which consists in their rolling together, upon ceasing to move, in bundles of ten to twenty threads, which are large enough to plug the calibre of a small capillary vessel, the idea is suggested that the 'Pfropfe' of the above embolism might consist of such an aggregation of *spirillen*. A certain proof of this has not yet, however, been supplied." *Med. and Surg. Reporter*, Feb. 28th, 1874.

BE CHEERFUL.—Prof. Tyndall claims that pleasant emotions liberate nervous currents which stimulate the vital organs, and thus these emotions exert a salutary influence over the whole human system.

BLOOD DRINKING.—Some invalids in Boston are said to be drinking half a tumblerful of warm blood at one time daily or oftener, for consumption and other diseases. What next? Skim-milk, whiskey and milk, and the various filthy rums under the varied names of the fashionable bitters, have about had their day. Anything for novelty and fashion, it matters little to some of the human family what it is. But why should we imitate the leech.

It was moved and carried that a committee be appointed to prepare a paper on some medical subject, for submission to the State Society at its next annual meeting in Philadelphia, in October next; said paper to come into competition with others presented by other county societies, for presentation to the American Institute of Homœopathy.

The Society then selected the following committee: R. J. McClatchey, Chairman; P. Dudley, C. S. Middleton, H. J. Sartain, B. W. James.

It was moved and carried, that the committee name the title of the paper at the meeting in May, for approval by the Society, and that the paper be submitted for discussion at the September meeting.

The Society then adjourned.

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No. II.

MECHANISM OF LABOR.

(Read before the Cumberland Valley Homœopathic Medical Society at its Semi-annual Meeting, May 5th, 1874, at Carlisle, Pa.)

BY J. H. MARSDEN, A.M., M.D.

WHEN the first action of the womb is set up in the commencement of labor, the os uteri is usually closed or nearly so. It is, however, mostly soft and yielding through a preparatory physiological process, which has been going on for some days in anticipation of the great approaching event. We say *great*, for rightly considered in all its aspects it is truly so—nothing less than an immortal being born into the world. This softening and distensibility of the os, may, in very many instances at least, be aided by proper treatment begun a few days previous to labor. The first contractions of the uterine fibres are directed to the dilatation of the os, to admit the fœtus to pass. As to the intimate nature of this process, there is some discrepancy of opinion, and the latest theory propounded by the most prominent man is likely to be the one accepted as true, till another more recent is offered by an author equally or more prominent.

What we know certainly concerning this matter is about this:—When labor sets in, the os uteri, already softened, yields before the presenting part, probably to some extent owing to the pressure of the latter upon it as it is forced downward by the contraction of the uterine fibres, and in some instances

partly to the wedge-power of the membranes protruding and forcing the so-called bag of waters. But we often find the os uteri sufficiently dilated to suffer the head at least to commence its passage when there is no protrusion of the membranes, or too little to have any dilating power. In such cases, if the membranes be artificially ruptured, as they generally should be, the head, if presenting, enters the opening and probably assists in the completion of the dilatation.

That the os uteri *may be* dilated by mechanical force, is manifest from the effect upon it of the Colpeurynter or Barnes' Dilators or even manipulations with the fingers. That it *may dilate* without mechanical force, is also seen in the fact that it is sometimes found almost fully dilated when no external mechanical force has been used, and where the presenting part has not been sufficiently pressed upon it to produce such effect—and even no bag of waters has been formed.

But when the general condition of the patient and especially that of the parts concerned in parturition is normal, there is no need of extraneous aid in producing the requisite dilatation of the mouth of the womb. It is one step in the process and an indispensable one, and we have reason to expect, inferring from analogy, that an allwise Creator has made as ample and as effective provision for this as for any other, so that when the moment arrives when dilatation is needed, as a general thing dilatation is accomplished.

The foregoing remarks will, we hope, be deemed sufficient upon this part of our subject, especially as we are now speaking of the mechanism, not the physiology, of labor.

When the membranes have been ruptured naturally or artificially and their contents at least partially discharged, the head, strongly flexed, with the chin resting upon the thorax, enters the upper strait or brim of the pelvis, in a transverse position, more or less deviating toward the oblique. Thus the occipito-bregmatic or occipito-frontal diameter of the head, the one or the other according as flexion is more or less complete, corresponds with the transverse or oblique diameter of

the superior strait. Most frequently the occiput of the child is turned to the left side of the mother, and directed forwards toward the left acetabulum. The forehead then points to the right sacro-iliac synchondrosis.

When the womb has discharged its fluid contents, its expulsive power is concentrated upon the child. Its fibres in all directions contract with redoubled energy. The upper part of the inverted fœtus, that is, the breech, in ordinary labor, receives its propulsive force, which is communicated through the spinal column to the head, the part in advance, which, if not prevented by some obstruction, descends toward the inferior strait or lower outlet of the pelvis. But the head does not usually retain its position as above described throughout its whole descent. It is a well known law in mechanics, that a solid body acted upon by a propelling force and free to obey its impulse, moves in the direction in which it meets with the least resistance. As a corollary to this law it may also be stated, that a solid body whose diameters differ in length, passing through a cavity or aperture whose diameters also differ, under the influence of an intermitting force, tends to assume such position that its longest diameter shall correspond to the longest diameter of the cavity or aperture, provided it cannot easily pass without such accommodation. A familiar illustration will be found in drawing a harness line, with a large buckle attached to the end, by means of a jerking movement, through a terret, one of whose diameters may have been lengthened and another shortened by compression. The buckle may at first bring its long diameter to correspond with the short diameter of the terret and cannot pass, but continuously acted upon by an intermitting jerking force, it will finally bring its long diameter in accord with the long diameter of the terret and, unless there be still a disparity, pass through it. It will, moreover, at once be seen how much more readily the descending fœtus will obey the law just enunciated, on account of all the surface concerned being so thoroughly lubricated by the secretions provided for that purpose.

The occiput, as the head descends, through the propelling force of the womb, *moving in the direction of least resistance*, in obedience to the law above stated, turns in a forward direction, that is, rotates from left to right upon the axis or long diameter of the foetus, till at the close of labor it is usually found under the pubic arch or symphysis pubis. It has now changed its position according to the mechanical law and its corollary of which we have been speaking, so as to bring one of its longer diameters in correspondence with the long diameter of the part of the pelvis it now occupies, that is, the lower strait or outlet through which it must pass. If the head be much compressed and elongated, or as it is commonly called, "wire drawn," the vertex will be driven *beyond* the os pubis, the head, still being flexed, resting upon that bone by the sub-occipital space. If on the contrary the head in its passage downward has still retained nearly its normal shape, the occiput having turned under the symphysis pubis or nearly so, becomes fixed there before it emerges. This point becoming for the time stationary, and the action of the womb still continuing even with increasing vigor, its force is now reflected upon the forepart of the head, which may be considered as the longer arm of a lever, while the occipital end, now arrested, represents the shorter. The forepart of the head is thus driven down upon the perineum, forcibly distending its tissues, which yield more readily forward in the region of the posterior commissure than backward toward the anus where they are thicker and more muscular. The forehead, therefore, moving in the direction of least resistance, traverses the more unyielding structure of the perineum toward the more relaxed, that is toward the outlet. While the occiput remains stationary near or underneath the pubic arch, it will be seen that the forehead is the only part capable of motion, and moving around a point, as it necessarily must, viz., its articulation with the atlas, its only possible motion is the movement of *extension*. The chin departs from the thorax, the forehead traverses the inner surface of the perineum, and

afterwards the face and chin follow in the direction of least resistance, till the latter reaches and passes the posterior commissure. When the chin has fully emerged, it instantly falls backward relatively to the mother and thus unlocks the occiput, which latter then passes under the arch of the pubis and the whole head is born. The head when born, if left free to move, assumes its natural position in relation to the shoulders, and this movement is commonly called *restitution*.

It is probable that after the forehead has come to press upon the perineum, an impulse may be given to the movement of extension by the contractile force of the muscles in the posterior part of that organ where they are less relaxed—as it were shelling out the head, as we force the seed out of a cherry by compression. It is moreover probable, that when the forehead comes to press upon the perineum, the middle portion of that organ lying immediately on either side of the median line or raphe, distending more freely than the more remote lateral regions and therefore offering less resistance, may invite the forehead to turn more directly backward (in relation to the mother), and therefore by its leverage power throw the occiput more directly forward under the pubic arch.

The above is the usual process at the close of labor. But when the head is *very* small relatively to the outlet, and the action of the womb vigorous, it may be born at once without passing through all the successive stages we have detailed. Moreover, where the disproportion in size between the foetal head and maternal pelvis is *very great*, it is even possible it may descend and effect its exit without rotation, for where resistance is not encountered, the movement will be in a direct line with the force impressed. In like manner other parts of the foetus, although subject to the same law which governs the movement of the head, being more compressible, and by their compressibility in some measure annihilating resistance, are less certain to perform the rotation movement in their descent.

When the head has been “wire-drawn” in descending through the cavity of the pelvis and the vertex protruded be-

yond the pubic bone of the mother, the same movement of extension takes place; but as the face sweeps over the perineum, the occiput also turns up in front of the os pubis, thereby giving more room for the completion of extension. This is a beautiful modification of the close of the process of labor where the head is so much elongated; as in such cases extension would be very difficult if necessarily executed by the movement of the forehead or long arm of the cranial lever alone and entirely within the limits of the pelvis.

ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY J. H. BUFFUM, M.D., SECRETARY.

Homœopathic Hospital, Pittsburgh, Feb. 13th, 1874.

PRESENT, Drs. L. M. Rousseau, W. R. Childs, J. F. Cooper, R. E. Caruthers, C. F. Bingaman, J. H. McClelland, J. C. Burgher, H. H. Hofmann, W. F. Edmundson, C. P. Seip and J. H. Buffum.

The Vice President, Dr. J. H. McCLELLAND, called the meeting to order.

DR. COOPER, of the Board of Censors, reported favorably on the name of F. R. Schmucker, M.D., for active membership. On motion the report was accepted. Dr. Schmucker was then elected an active member of the Society on complying with the regulations.

The President, DR. CÔTE, sent in the following names of those whom he had appointed to serve on the Committee of Vigilance for the year 1874, to wit:—J. H. McClelland, M.D., W. R. Childs, M.D., J. F. Cooper, M.D., J. C. Burgher, M.D., and L. H. Willard, M.D.

DR. McCLELLAND moved that the President be made an *ex-officio* member of the Committee. Carried.

DR. BUFFUM, of the Committee on Society-Paper, stated that Drs. R. E. Caruthers and W. F. Edmundson had been appointed in place of Drs. Cowley and Fulton, who had declined to serve.

SCARLET FEVER.

DR. C. F. BINGAMAN, the essayist, read an interesting paper on scarlet fever, which was received by the Society with thanks.

The discussion of the paper was opened by DR. HOFMANN, who said that although it was stated by Dr. SNOW, of Brooklyn, and others that scarlet fever was not contagious, yet he felt satisfied that it was contagious.

Was not satisfied with the results obtained by the use of Belladonna as a prophylactic. Had administered it to other members of the family while treating scarlatina in the house, but could not see that it made any difference, when he compared the results in other cases where he did not give it. The first cases in a family might be malignant and the others mild or the first mild and the others malignant, hence he had very little belief in the prophylactic powers of Belladonna.

Thought that the more the eruption was out, the greater was the danger to the patient.

Always allowed his patients to be greased all over, as it rendered the skin softer and allayed the itching and painful dryness. Used cocoa butter for this purpose, in preference to lard, butter, and other fats, and found its application pleasanter to the patient.

DR. ROUSSEAU thought that judging of the danger of the disease was rather uncertain; did not think there was any rule to go by in that particular. When the eruption was rough, he did not generally find the cases bad; when the eruption was of the smooth variety, he thought the blood poisoning was greater.

Considered the disease contagious to some extent, but not to a very high degree. In many cases he was satisfied that it broke out without contagion. Reported a case of scarlatina in an old lady of sixty years and yet none of the rest of the family had taken it.

DR. HOFMANN said he considered the dark papulary eruptions, with throat symptoms, generally worse.

DR. COOPER had never really satisfied himself that scarlet fever was contagious. In a family of five children, three had a malignant form of scarlatina, but the other two had not been attacked, although they had slept with the others during the first two nights of the attack. Did not know of any way in which any members of the family had been exposed to the disease.

Did not think it was really contagious, and thought the same of diphtheria.

Thought well to give prophylactics, but did not think Belladonna was always to be used; but that we should use

that remedy which was the leading remedy in use during an epidemic.

DR. SEIP said his experience with the use of Belladonna as a prophylactic had been varied. Had prescribed it in some cases when he had thought for a time that it had done good, but other cases under similar circumstances had done just as well without it.

DR. HOFMANN said he had noticed fewer cases of post-scarlatinal dropsy in the last few years than in former epidemics.

DR. COOPER said he had remarked the same, and also that he met with fewer cases in which there was coryza than formerly, and more cases in which the throat was affected than in previous epidemics.

Said the youngest child he had ever treated for scarlatina was sixteen months old.

DR. CHILDS considered those cases where the eruption was dark and rough more grave than those with a smooth, full eruption.

Reported a case which had proved fatal within twenty-four hours after the first symptoms appeared.

Always used Belladonna as a preventive, but would not say that it really was prophylactic.

DR. COOPER thought the eruption was indicative of the condition of the patient, and when the eruption was full and the skin highly inflamed, it was indicative of the extent of the internal trouble.

Reported a case where during the first three days the eruption was mild, smooth and full, but coryza set in on the fifth day and the child died on the ninth day.

DR. McCLELLAND spoke of the uncertainty of the disease in all its phases. The appearance or non-appearance of the eruption, even the character of the same seemed to bear no constant relation to the severity or probable result of the attack. Agreed with Dr. Cooper as to the true principle of prophylaxis. Still believed in the contagiousness of the disease.

DR. McCLELLAND gave the result of a post-mortem examination in the case of tonic spasms previously reported to the Society, and exhibited some pathological specimens, consisting of a portion of the liver, which had the appearance of nutmeg, and a part of the psoas muscle with adjacent tissue, the former probably ruptured by the severity of the spasms,

and the latter infiltrated with a mass of blood. Former physicians thought the spasms were of vermiculous origin, but no worms were found.

On motion it was decided to continue the discussion at an adjourned meeting to be held for that purpose. Adjourned.

ADJOURNED MEETING.

On coming to order, DR. HOFMANN was called upon to reopen the discussion of the treatment of scarlet fever, which he did by relating the following case:—

Said he had been attending a child who had been taken suddenly sick; after considerable vomiting the child fell into a stupid state, with half closed eyes, pupils very much contracted. Prescribed Opium to be taken until she began to get restless, when Belladonna was to be given. About two hours after midnight she began to get restless and frightened. The eruption was moderately full but mottled. The next day the nose began to discharge an acrid, yellowish, watery fluid, for which Hepar was given, with an occasional dose of Belladonna. The day following the discharge was thicker, but the patient would start up in bed and want to get out; this was relieved by Stramonium. Kali bichr.³ was prescribed for some throat symptoms which showed themselves and Hepar sulph. for the subsequent swelling of the glands. The child finally made a good recovery.

DR. ROUSSEAU. Have any of the members used *Ailanthus glandulosa*?

DR. BURGHER. Have used it some, but have seen no satisfactory result from it, although apparently well indicated. Had given it when the patient was in a stupid condition and the rash dark and full, but with no improvement.

DR. HOFMANN. Think it would be better indicated when there is coryza.

DR. ROUSSEAU. Gave it in two cases where there was vomiting, purging, and coryza, the eruption full and dark, without success. Used the 3d and 6th potencies.

DR. HOFMANN. Always use glycerine and water when the throat is affected. Give it in teaspoonful doses every two or three hours as needed. If the phlegm is tough and cannot be coughed up, give it oftener. Acts by contact with the inflamed surfaces. It is of no use in cases with rattling breathing.

DR. COOPER. Have had six cases in one family and five in another. In the first family the cases were as follows:—

1st Case.—Severe symptoms in the onset, but milder on the second day; rash became well developed. Coryza set in and some swelling of the glands followed. Very little desquamation. *Treatment*.—In first stage Aconite, with an occasional dose of Belladonna and Lachesis when the coryza appeared. Doing well.

2d Case.—Vomited once or twice at the inception of the attack. Rash fairly developed. Some coryza. Was very ill for a few days, but symptom became milder and was on his feet on sixth day. On the twelfth day, notwithstanding free perspiration, the parotids and face became swollen. *Treatment*.—This case exhibited more Belladonna symptoms than the first and Belladonna relieved promptly. Received Rhus tox. for the coryza and Hellebore for the dropsical symptoms, with good effect.

3d Case.—Girl, æt. 14. The attack was very severe; the vomiting lasted for two days. Vomited considerable bilious matter. Remedies seemingly indicated were given without relief. Finally applied a mustard plaster to the back, between the shoulders, which stopped the vomiting immediately. Coryza set in on the third day; has continued for some days, but symptoms all milder and she is in a fair way to get along. Now taking Lachesis and Rhus tox.

4th Case.—The vomiting in this case lasted as long as in the previous one and was only controlled in the same way. The symptoms became milder in a few days and patient was up in six or seven days. Was now taking Rhus tox. for swelling of the glands.

In the four cases related, the rash was full and of a dark color and papular; did not see that it was indicative of the severity of the symptoms.

5th Case.—Attack mild. The only peculiarity in this case was the suppuration of the cuticle of the thumbs.

6th Case.—Eruption out mild. Parotid glands swollen. Swelling of anterior portion of chest, which became less when under Apis mel. Could not breathe fully on lying down; respiration of a croupy sound; received Kali bichr. and is now doing well.

In other cases used mostly Aconite, Arsenicum, Lachesis, Rhus tox. and Opium.

DR. RANKIN. Did the vomiting continue after the eruption became developed?

DR. COOPER. The eruption was well out twelve hours before the vomiting was stopped.

DR. BURGHER. Was there drowsiness or stupor in the cases related?

DR. COOPER. Not in those cases, but there was in the five cases in another family. Gave Opium with relief. Did not doubt that there was a homœopathic remedy that would have controlled the vomiting, but did not know what it was and hence applied that which he thought would give relief. When the first case was attacked gave Belladonna¹², but as the others were more severe than the first, did not find it at all prophylactic.

DR. McCLELLAND. Think that Ailanthus gland. is one of those hypothetical remedies which *should be* useful in bad cases but which do not seem to do the work.

Reported a case of proving of Belladonna in a child, where the father had given it four drops of the tincture of Belladonna, night and morning, for two weeks, as a prophylactic of scarlet fever. Had been called to attend the child for scarlet fever, found a smooth bright-red rash all over the child's body, sparkling eyes, dilated pupils, etc. Prescribed Aconite as an antidote, with success. There were more Aconite than Opium symptoms.

DR. RANKIN reported a case of varicella supervening on scarlet fever, the patient making a good recovery.

Had attended four cases of scarlet fever in a family, which got along well, when the fifth, a boy about twelve years of age, who had been kept away from the others as much as possible, was attacked, the primary symptoms being rather mild. The eruption was clear, smooth and red and fully developed, the throat being but little affected. On the fifth day, having been removed to the room in which the others had occupied while sick, typhoid symptoms appeared, the brain became suddenly affected and the patient sank rapidly.

DR. BURGHER. Thought the swollen glands and troubles following scarlet fever were mostly due to some exposure after convalescence sets in and during the desquamation period. In scrofulous constitutions the parotids and glands generally might swell without the patient taking cold. Did not think that the giving of a dose of Sulphur or Calc. carb. on the third day, as recommended by Dr. Lippe, was of any more use than the

allopathic rule of giving every case a dose of physic on the third day after confinement.

DR. COOPER. Thought that to do good they must be indicated, otherwise there was no similarity to the condition. Did not think that the glandular swellings arose from cold, but that they were a part of the disease.

DR. HOFMANN. Had seen cases of dropsy and abscesses of the glands occurring after scarlet fever, when the patients had not left the room and every precaution against taking cold had been taken. During convalescence generally had the patients bathed in warm water, dried quickly and wrapped in a blanket.

DR. SEIP. Asked if the experience of the members coincided with the common idea that the rash struck in.

DR. BURGHER. Where the rash disappears too rapidly, packing in a wet sheet will often cause the reappearance of the eruption.

DR. SEIP. Had relieved spasms during the eruptive stage, by using the "wet pack."

DR. HOFMANN. Thought the rash often disappeared, but did not think that it "struck in" or that metastasis to the internal organs took place.

DR. COOPER. Did not know of a case in which the rash had suddenly disappeared. The eruption does disappear from the surface, but other troubles come in place of it, and in proportion to the rapidity of the disappearance of the eruption varies the severity of the other troubles.

DR. McCLELLAND. It has long been held as true, that eruptions may be suppressed or disappear to the detriment of the patient, and reappear to the relief of certain internal disorders. I believe experience confirms the correctness of this theory in acute as well as chronic eruptive diseases, although not in all cases to the same degree. Hence, I would accept the sudden disappearance of the eruption in scarlatina as unfavorable.

Owing to the lateness of the hour the discussion was closed and the Society adjourned.

Homœopathic Hospital, Pittsburgh, March 13th, 1874.

Present, Drs. J. F. Cooper, F. R. Schmucker, J. C. Burgher, J. H. McClelland, W. R. Childs, C. H. Lee, C. P.

Seip, W. F. Edmundson, C. F. Bingham, R. E. Caruthers, J. B. Chantler, L. H. Willard, and J. H. Buffum.

Associate member—Dr. R. Ramage, and

Visitor—W. J. Martin.

The minutes of the last meeting were read and approved.

W. H. Kern, M.D., of McKeesport, Pa., and R. Ramage, M.D., of Pittsburgh, were proposed for active membership, and Mr. W. J. Martin for associate membership. Referred to Board of Censors.

DR. CHILDS moved that the order of business be changed, giving the order of Reports of Committees precedence over that of New Business. Seconded, but laid over under rule.

It was then moved that the order of business be suspended for the evening and that the Reports of Committees be taken up. Carried.

DR. BUFFUM, of Committee on Society Paper, reported progress. Report accepted.

DR. COOPER, Chairman of Committee of Vigilance, reported that the Committee had held a meeting and effected an organization.

DR. BURGHER then read the minutes of the meeting held by the Committee, as the report of the Committee. Accepted.

The recommendation of the Committee that the title of said Committee be changed from Vigilance to Executive was then acted upon and adopted.

The following standing resolutions defining the duties of the Executive Committee were then unanimously adopted.

I. This Committee, consisting of five active members and the President *ex-officio*, shall be appointed at the January meeting of each year, and shall meet as soon as convenient thereafter for organization.

II. The Committee shall meet at least once a month, and shall report to the Society at each regular meeting and at such other times as occasion may require.

III. When deemed necessary by the Committee, special meetings of the Society may be called and the Secretary shall issue the proper notices when requested by the Committee.

IV. The Committee shall report from time to time the status and progress of homœopathy, with such recommendations as may be deemed advisable for its advancement.

V. It shall be the duty of the Committee to prosecute all measures (with the sanction of the Society) having for their object the obtaining of equal professional recognition in our

public institutions, and in the distribution of positions of trust and profit; and all business relating thereto, and the general advancement and defense of homœopathy shall be referred to this Committee.

VI. All persons before entering upon the study of medicine under the preceptorship of members of this Society shall be required to pass a satisfactory examination before this Committee, said Committee being governed by the standards adopted by the American Institute of Homœopathy.

VII. Three members of the Committee shall constitute a quorum for the transaction of business.

DR. BURGHER called the attention of the Society to the Homœopathic Physicians' Mutual Insurance League and Aid Society and explained its objects, etc.

It was decided not to endorse it until more should be known of it.

Dr. J. H. BUFFUM, the essayist for the evening, then read an interesting paper on "Diet in Disease," which occupied the remainder of the time and which received the thanks of the Society.

On motion adjourned.

"FATAL CASE OF PUERPERAL CONVULSIONS" REVIEWED.

BY J. H. MARSDEN, A.M., M.D.

IN the April number of the *Hahnemannian Monthly* we find a case of this terrible complication of labor reported, which, as too often happens, terminated fatally. We deeply sympathize with the physician who has met with such misfortune, and certainly would be the last to consider that it proves the lack of either fidelity or skill. But as Dr. Lilienthal magnanimously invites criticism, we will venture to make a few remarks upon his case; but at the same time we do not pledge ourselves to comply with the condition he proposes, or in other words we do not promise to "show how to improve it."

We would premise before proceeding that the case seems to have been one likely, very likely, to be lost under any treatment whatever. At the same time it is perfectly natural to surmise, even though the failure were our own, that something might have done better than the expedients employed.

It must be remarked that in reporting the case there is not that minuteness of detail that could be desired. For instance,

we are told that early in the treatment Gelseminum was given, a remedy which we think we have seen produce excellent results. But we are *not* told what dilution was used or whether it was the primary tincture, nor at what interval repeated, only that it was "steadily given for half an hour." From this we would infer that the repetition must have indeed been very rapid or very little of the medicine was given. A remedy of such value we think ought to have had a longer trial. We remember a case in which, before labor, there had been remarkable anasarca, and after labor set in, very ominous twitchings, in which we gave drop doses of the mother tincture, at short intervals, and the subsultus shortly disappeared entirely without breaking out into fully developed convulsions.

Of the value of Viburnum I can say nothing from experience. This failing, the next resort was to chloroform. Here again we are left in the dark as to its mode of administration. Was it given by the mouth in small, "homœopathic doses," during partial intervals of the convulsions, or was it by inhalation into the patients lungs? And if the latter, to what extent was it carried? We are told that this agent seemed to lengthen the intervals of the convulsions, but as soon as the dose was *diminished*, "they returned in full force." We think this circumstance sufficiently indicated that the dose should not have been diminished. In this case, I confess, I would have expected a good deal from chloroform, not only in holding in check the convulsions, but in affecting dilatation of the os uteri. For the latter purpose, in my experience at least, I have found no agent more reliable—none more certain to bring about that result. But then in order to suspend convulsions or to produce relaxation of a rigid os, we must give it in earnest, we must produce anæsthesia, and we must keep it up till we have accomplished our purpose or proved the inadequacy of our agent in the case before us. I have deeply regretted the hostility of so many homœopathic physicians to the free and proper use of chloroform where it may be employed to answer ends one would think so desirable to every humane physician. Surely this prejudice is often the result of ignorance, and ignorance the less excusable because it is in most cases avoidable. Why should we not avail ourselves of so important an agent, as others do? It is said I think, of the celebrated Whitefield, that when asked why he favored the use of popular airs in divine worship, he replied that he could see no just reason why the devil should have all the best

tunes. I confess I can as little see why our allopathic brethren should enjoy the exclusive benefit of chloroform.

The dilatation of the os, in the case under consideration, was certainly a very important matter, to enable the attendant to *effect delivery*. It does not, indeed, follow as a necessary or certain consequence of the emptying of the womb that the convulsions shall cease. They often do. It should therefore be our aim in most cases of eclampsia to *effect delivery as speedily as possible*. This I know has been contradicted, and pray what has ever been said that has not. This end seems to have been had sufficiently in view by the eminent gentlemen who had the case in charge which we are now reviewing. Whether they expected any aid from their use of chloroform in dilating the os uteri, or whether it was intended merely to arrest or hold in check the convulsions, we are not told. But if they entertained expectations of the former effect, they were not realized, possibly from inadequate administration, and they resorted to the use of Barnes' Dilators for attaining this object. Again we are not told how the gum-elastic bags were distended, whether by air or warm water. The latter would perhaps have been not only the most safe but the most efficient, for it would have combined the advantages of the local application of heat with the mechanical distending force of the water. This expedient, however employed, unfortunately also failed. Had the case been mine, I should have been disposed to try *Actæa racemosa*, so often a very effectual means of relaxing the rigid os. A few drops of the mother tincture in half a tumbler of water—a teaspoonful at short intervals. In this case I would have expected more than relaxation of the os. From the remarkable effect of this drug in chorea associated with, and perhaps arising from, irritation of the womb, or more properly speaking, of the nervous centers controlling its action, I should even have expected some salutary effect upon the convulsions themselves. But a very moderate degree of dilatation of the os might have rendered delivery possible. If only two fingers could be introduced, turning by the bi-polar method might possibly have been effected, especially if the waters were not discharged, and we are not told that they were,—and possibly a foot might have been caught or snared and brought down, the body of the child furnishing the necessary dilating force. We remember once to have perforated the head of a supposed seven months child, but of large size, when the os only ad-

mitted two fingers, then by fastening the beak of Meigs' bent craniotomy forceps upon the perforated skull, we withdrew the child, the os scarcely making any perceptible resistance to its passage. In this case, we should add, the convulsions somewhat abated for a short time after delivery, but again returned in all their violence and the patient died. I have always supposed she had taken something for the purpose of producing abortion.

I would venture to suggest whether in the case under review small doses of ergot, often repeated, might not have aroused the expulsive power of the womb, and caused dilatation to advance *pari passû*, with the progress of the labor. It seems to me ergot was indicated by the "continuous pain." This is, perhaps, another article of which we, as a school, entertain too much horror, at least in its application to midwifery. It is doubtless greatly abused by some of our allopathic physicians, who often thereby raise a storm they cannot control. But this is no reason why we should not use it in very moderate, tentative doses, in cases where it is likely to be useful; and in this way it is as tractable as any other agent.

There is yet another thought to which we would give expression. If a case of eclampsia should occur to us in which there were manifest symptoms of congestion of the brain, which might be regarded as the *fons et origo* of the trouble, although we have for many years cast away the lancet we were wont to carry in the same pocket with our penknife, we would be strongly disposed to look it up. We wish, however, to speak here with great caution. There has been and still is a fearful abuse of venesection in this malady. Doubtless in the large proportion of cases its effects are evil and only evil. This begins to be recognized even by our allopathic brethren. "I find myself," says Dr. Elliott, "resorting less frequently to this practice even, or with less confidence in abstraction of blood in each succeeding year." If, however, from disturbed innervation, afflux of blood to the cerebral vessels is taking place or has recently taken place, and before extravasation has occurred, we cannot but think that abstraction of blood may be of use. Its effect is usually considered mechanical, and yet I am not certain that we know enough of physical laws to deny it a positively curative agency in such cases. I am well convinced from observations I have had it in my power to make, that animals bled to death and which

died in convulsions will usually be found to have the brain strongly congested.

Whether a resort to the lancet in the case under review would have held out any prospect of relief, the symptoms detailed do not fully justify us in forming a positive opinion. The only ones we notice seeming to point to congestion of the brain are, the pain in the head in the outset, the stertorous breathing, and the paralysis of the one side toward the close of the patient's life.

We have thus offered our remarks upon this case, which we hope will go for what they are worth, and for them we ask no more. We think too it is wholly unnecessary any further to disclaim the remotest intention of casting any blame upon the eminent gentlemen who had the case in charge, nor have we the arrogance certainly to suppose it would have fared any better with ourselves. But we feel it an imperative duty, whenever occasion offers, to contribute whatever we can, although it may be but the widow's mite, to advance the interests of the most important, the most humane, and to ourselves the most interesting department of our noble profession.

CHAMPLAIN VALLEY (VT.) HOMŒOPATHIC MEDICAL SOCIETY.

PURSUANT to call, the homœopathic physicians of Vermont and northern New York, residing along the Champlain Valley, met at the office of Dr. C. B. Currier, in Middlebury, on Tuesday, May 5th, to organize a medical society.

The meeting was well attended, and called to order by Dr. Currier, and the call was read. Dr. Currier was chosen temporary secretary.

A committee of three were appointed to draft a constitution and by-laws, and during their absence letters were read from several physicians regretting their inability to be present, and expressing their sympathy with the objects of the meeting.

Upon invitation of Dr. Currier, the society adjourned to the Addison House to dinner.

At two o'clock the society was again called to order, and the committee reported a constitution and by-laws, which were adopted.

The balloting for officers was next in order, and resulted as follows:

President—Dr. C. B. Currier, of Middlebury.

Vice-President—Dr. A. A. Arthur, of Vergennes.

Secretary and Treasurer—Dr. Samuel Worcester, of Burlington.

Censors—Dr. T. R. Waugh, of St. Albans; Dr. N. D. Peck, of Ticonderoga; Dr. Charles T. Flanders, of West Cornwall.

Erysipelas was chosen as a subject for discussion at the next meeting, and Dr. Waugh appointed to prepare a paper upon it.

The subject of Scarlatina was then discussed, and Drs. Currier, Worcester and Waugh described the late epidemic as it appeared in Middlebury, Burlington and Milton. Statistics were given proving the great superiority of homœopathic treatment over the allopathic in this disease.

Dr. Currier related several interesting cases of typhoid fever occurring in Middlebury during the past winter, and the members of the society participated in the discussion that followed.

Dr. Arthur, of Vergennes, described the peculiar paralysis sometimes following severe cases of diphtheria.

Dr. Currier was chosen delegate to the American Institute of Homœopathy meeting at Niagara Falls in June.

On motion of Dr. Worcester, a vote of thanks was given to President Currier for his kind hospitality, and the society then adjourned to meet at Middlebury on the first Tuesday of August.

SAMUEL WORCESTER, Secretary.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBT. J. M'CLATCHEY, M.D., SECRETARY.

A special meeting of the Society was held on Thursday evening, May 7th, 1874, to take action on the

DEATH OF DR. WALTER M. WILLIAMSON,

a former President of the Society.

The President, DR. PEMBERTON DUDLEY, called the meeting to order and announced, with appropriate remarks, the sad occasion of the Society's assemblage.

DR. JACOB JEANES said he had known Dr. Williamson for a number of years, ever since his birth he might almost say.

He was a warm-hearted friend, a courteous fellow-practitioner and a good physician.

DR. H. N. MARTIN said his acquaintance with Dr. Williamson commenced with his (Dr. M's) career in Philadelphia as a physician. He had always found him a warm friend and an intelligent physician. His going in and out amongst us constantly had served, by his close physical resemblance to his father, to constantly remind us of that justly lamented physician.

THE SECRETARY said his acquaintance with Dr. Williamson went back to boyhood's days. He and his departed friend were school-boys together, entered college together, and graduated about the same time, and during all the years of their acquaintance there had never been a cloud between them. Dr. Williamson was warm-hearted and genial, a pleasant companion, and withal, a downright and straightforward man. He had faults, as have all other men, but his very faults grew out of an exuberance of vitality. He was a man of powerful physique, and constantly reminded us, as Dr. Martin says, of his lamented father. As a physician he was well up in his business, and had acquired all the medical knowledge and skill of his father. He was a good and a faithful member of this and other societies, and we shall all miss his familiar face and his activity and zeal in prosecuting any work for the good of the cause.

It was then moved and carried that the Secretary, with Drs. Thos. Moore and Pemberton Dudley be a committee to prepare resolutions expressive of the sense of the Society on the death of Dr. W. M. Williamson.

The Committee then presented the following Preamble and Resolutions, which were unanimously adopted:

WHEREAS, This Society has heard with deep regret of the decease of our fellow-member and former President, Dr. Walter M. Williamson, who has been taken from his family and friends in the prime of life, therefore

Resolved, That we recognize in his death a loss to the community of an able physician, and to ourselves of a warm-hearted friend, an honest man, and a genial, active and intelligent practitioner.

Resolved, That we deeply sympathize with his bereaved family in this their great affliction.

Resolved, That these resolutions be spread upon the minutes of the Society, and that an engrossed copy of the same be furnished to the family of the deceased.

The Society then adjourned.

A REGULAR monthly meeting of the Society, which was very well attended, was held at the College Building, May 14th, 1874; the President, Dr. P. Dudley, occupying the chair.

The minutes of the annual meeting in April, and of the special meeting held May 7th, were read and approved.

THE SECRETARY, as chairman of the committee to prepare a paper to be submitted at the next meeting of the Pennsylvania State Medical Society, reported that the committee, after careful deliberation, had selected *Dysmenorrhœa* as the subject to be written on. On motion, the report of the committee was accepted and the subject selected was approved.

THE PRESIDENT stated that the committee were desirous to secure the results of the clinical experience of the members of the Society in the treatment of dysmenorrhœa. The object of the committee was to prepare a paper that would be of an eminently practical character. All such clinical experience should be forwarded to the chairman of the committee, Dr. M'Clatchey.

THE SECRETARY called attention to the forthcoming meeting of the American Institute of Homœopathy, at Niagara Falls, N. Y., on the 9th of June, and read extracts from the circular of the General Secretary. He asked that the Society should appoint a delegate to represent the Society at the meeting.

On motion the President was directed to appoint a delegate. The President then delivered the following address:—

PRESIDENT'S ADDRESS.

Fellow-Members:—In assuming the duties to which you have called me, allow me to express, not only my appreciation of your kindness and confidence, but also my earnest hope that this the ninth year of our existence as a Society may be the most prosperous and profitable of any we have yet enjoyed. This desire, which is felt alike by all of us, cannot be realized without an earnest and well directed effort on the part of the members; and it is in furtherance of this object that I propose to call your attention to certain matters connected with our organization, in the hope that it may lead to measures for its improvement.

First, in reference to our *finances*. For the past three years, our Treasurer has uniformly reported a surplus on the wrong side of the balance sheet. The income of *this*, or of

any well managed Society should be amply sufficient for all its expenses, both regular and contingent, yet without leaving any very large surplus in the treasury. Any such society is of course liable at exceptional times to have its treasury overdrawn; but with *ours* this condition is fast becoming chronic. I therefore suggest that measures be taken to remove our present indebtedness, and to increase our regular income.

Secondly, as regards our *attendance* and *membership*. During the year just closed the total number of members in attendance was about twenty-eight, while of this number only about eighteen have attended with any degree of regularity. The reasons given for non-attendance are such as apply with equal force to those who do attend, and must therefore be regarded as insufficient; while the plea that our meetings have been less interesting than they might have been, suggests the question whether the responsibility for this state of things does not rest more heavily upon those who stay away than upon those who attend. I do not know that any have absented themselves because of any difference of belief among us. If so, it surely must have occurred to such that *here* an opportunity is offered for demonstrating truth and removing error; and that the views and theories which will not endure discussion, have no right to expect any very general or hearty concurrence. It is to be hoped that our consciousness of much imperfection will make us always willing to concede to others that full measure of liberty in opinion and expression which we claim for ourselves and that here we shall meet on the ground of a common fallibility and a common desire to know the truth, the whole truth, and nothing but the truth.

Another and still more painful reflection under this head, is found in the fact that of the thirty young homœopathic graduates who have settled in this city within the past four years, only *one* attends the meetings of this or perhaps of any medical society. Most young physicians will embrace eagerly every opportunity for learning from others, and particularly from those who have grown old in the service; and among these will be found almost all who attain to eminence in the profession. It is a matter of deep regret, that so many of our young men should be content to remain unknown, and to exert no beneficial influence except within the little circle of their own practice; and this too, at a time when the profession needs their utmost strength, and when such brilliant

prospects and opportunities for extended usefulness are open before them.

Thirdly, our *social and legal* status. The position which we as homœopathic physicians occupy before the public is, to say the least, an anomalous one. For while a very large proportion of our most intelligent citizens regard us as thoroughly skilled and successful physicians, yet aside from our strictly private professional duties we are scarcely recognized, *even by our own patients*. If any one doubts this statement, let him remember that when any official, who employs homœopathy in his family, is called upon to appoint a physician to a place of honor or responsibility under the city government, the idea of selecting a homœopathist does not seem to occur to him. In his official capacity at least, he ignores utterly his own preferred system of practice and his own family physician. Thus our municipal government is to us a standing municipal insult, and so long as we tamely submit to it, we have but small reason for censuring our weak-kneed officials. We *can* put away the insult *if we will*. But our "patient endurance," continued long after it has ceased to be a virtue, has resulted either in a complete induration of the integument, or else in paralysis of the sensory nerves. Look for one moment at the number of physicians appointed to places of trust and influence in our city under the government! We enumerate only those positions in which medical skill has evidently been one of the objects sought for in making the selection, and we have the following exhibit:—

In the Board of Public Education, 2; Board of Health, 3; Guardians of the Poor, 2; Managers of the House of Refuge, 3; County Prison Inspectors, 3; Executive Officers of the Board of Health, 3; Municipal Hospital, 1; State Lying-in Hospital, 14; Philadelphia Hospital, 28; District Physicians, 22; Vaccine Physicians, 17; Physicians to Girard College, 2; House of Refuge, 2; County Prison, 2; Eastern Penitentiary, 1; House of Correction, 2; Total, 107.

Out of this total there is one homœopathist (appointed, perhaps, inadvertently), instead of our proper quota of about twenty-five. So much for government patronage; and the above exhibit does not include United States appointments. Besides these, we find that in the various benevolent organizations and institutions of our city, there are employed upwards of three hundred physicians. If these appointments were proportioned with a due regard to the preferences of

those who support these institutions, it is safe to estimate that at least one hundred and fifty of them would be filled by homœopathists, instead of the actual number of less than a dozen.

We see then that in our various institutions, public and private, there are places of trust, honor or profit for at least one-half of all the allopathic physicians resident in the city. More than one hundred of these places are filled by the young graduates of the two prominent allopathic schools. Here they have provided for them, partly at the homœopathic expense, a magnificent clinical university, in which they may receive thorough exercise in almost every possible department of medical and surgical art, and fit themselves for the highest success attainable under their crude methods. *Our* young men, however, have no such advantages; for our wealthy patients, having given of their means to build up and strengthen allopathy, have nothing to contribute towards making of our young homœopathists those thorough scientific medical investigators and practitioners of which our system is in such dire need. "It is high time to awake out of sleep."

Lastly, in reference to our *work*. While the development and extension of our *Materia Medica* and its clinical application are of inestimable worth to us in our daily practice, there are other questions of serious and even vital importance whose discussion is calculated to draw upon us the attention of the general public; and from what we have already said, it will be judged that this public notice is rapidly becoming, at least with us in this city, a matter of supreme necessity. Among these questions, those pertaining more directly to the public health and the development and spread of epidemics and contagions, are of prominent interest, and demand a far larger share of the attention of homœopathic physicians than they have hitherto received. Indeed, if we look at the matter in its proper light, how can we expect homœopathic physicians, who study little else than drug-provings and their application to disease, to be appointed to positions requiring a thorough knowledge of the best methods of preventing disease. But let us once take an advanced position among the original investigators of the principles of hygiene, and our claims will speedily be acknowledged. Moreover, the discussion of such questions by this Society would attract to us the younger members of our profession, who might attain to an eminence in this branch of medical science, which should enforce that

recognition which is our just due. The water supply; the drainage system; ventilation; vaccination; study-hours for children; cultivation of shade-trees on our streets; our markets; the treatment of employees in our shops and stores, and last, but by no means least, alcohol and incrimination; these and others of a similar tenor are all proper subjects for us to consider and discuss in our meetings.

As we remember those who have gone from our midst "into the Land of the Great Departed,"—Leech, Buck, Williamson (the elder and the younger), Brooks and James—let us strive NOT to fill their places, but to manifest a steadfastness and fidelity such as they exhibited, that we may be mourned as they are mourned and that our works like theirs may live to be our monument.

On motion of DR. J. C. MORGAN, a vote of thanks was given the President for his interesting and suggestive address.

THE SECRETARY then read the following paper on *Intermittent Fever*, by Dr. Jacob Jeanes.

FACTS AND THEORIES OF HOMŒOPATHY, No. 6.

The Wirkungsdauer, No. 4.

Intermittent Fever.

BY JACOB JEANES, M.D.

The study of the duration of operation of the agents which induce diseases in animals and vegetables, is of great interest and importance to the physician, whether he employs his medicines in the massive doses of the old schools, or in the almost infinite attenuations of the homœopathist.

Physicians of any one of the many old schools have, no doubt, at times a sort of vague idea of the duration of operation of the medicines which they employ. If the remedy which is given be an emetic or a cathartic, the time which elapses between the administration of the medicine and the termination of the vomiting or of the purging, is to them the measure of the duration of its operation. Yet they are often painfully reminded that it is not really so. A troublesome salivation, occurring after the operation of a mercurial cathartic, must afford them sufficient evidence that their measure of duration was far from being accurate.

We of the homœopathic school are more deeply interested in this matter. For, if there be a definite measure of dura-

tion of operation of our attenuated medicines, we ought to be very careful how we interfere during this period by the employment of other medicines. The bare idea of the existence of a definite duration of operation of medicines has had a great influence over the judgments of homœopathists in regard to the changes of medicines, their repetitions and their alternations. And this idea has some support in the fact that there are some agents which produce diseases of definite duration, such as rubeola and variola.

In the investigation of this subject, it will be proper to confine our attention mainly to those agents which cause intermittent fever and the medicine, Cinchona, which has proved of great importance in the treatment of this form of fever. A vast number of medicines have been employed advantageously for the cure of this complaint, but Cinchona has, since the discovery of its properties, and more especially since the use of its active principle, the quinia, been more extensively used than any other. And its very frequent employment renders us cognizant of the following facts:—

I. That in a majority of the cases of intermittent fever, this disorder may be subdued for a time by the use of massive doses of cinchona or of its active principle.

II. That in a considerable number of the cases in which the intermittent fever is thus subdued, there may be no return of the disorder through life.

III. That in a large number of cases the subjugation of the disease is only temporary, generally about two or three weeks, the return of the paroxysms coinciding with hebdomadal periods.

IV. By a reiteration of the same treatment, the disease may be again suspended, but may return again and again. In order to guard against such relapses, many physicians repeat the Cinchona just before the time when the return is expected, and often with success.

V. There are cases in which the cinchona disorder appears to become complicated with the intermittent in such a manner that a tedious and oftentimes a dangerous fever of a remittent or even a continued character is induced.

Of the facts just stated, those of the suspension of intermittents are the most important in the investigation of the Wirkungsdauer of a medicine. For, if we accept the suspension of disease after a medicine as the measure of the duration of its operation, we find they are very different in differ-

ent cases. And as the suspensions of other diseases by Cinchona may be of very brief duration, we may conclude that their duration depends upon the nature of the disease, and not upon any inherent property of the medicine.

The attenuations of Cinchona have less scope of operation in intermittent fever than the substantial doses. The latter will suspend the paroxysms and even give the appearance of restored health for a time, while an attenuation will only cure the cases in which Cinchona is the absolutely proper medicine. But such cures are in many respects preferable to those of the massive doses. Even in recent cases we are sometimes fortunate enough to find the proper remedy, and to be enabled to rejoice, not only in a speedy, perfect and permanent cure of the intermittent fever, but also in greatly improved health in other respects.

But it is in the cases of inveterate intermittent fever where massive doses no longer avail, that the homœopathist with his attenuated medicines wins his most brilliant victories in this disease.

Prevailing in low, flat and imperfectly drained countries, the agents which cause intermittent fever have obtained the name of *marsh miasmata*, although not confined to marshy countries. For epidemics of intermittent fever often occur in hilly, or even mountainous places. But the miasmata of the latter situations appear generally to be less virulent than those of the marshes where remittent and intermittent fevers are endemic. Still, as has been remarked by Hahnemann, "A healthy man in his younger years can dwell and remain healthy in marshy countries, if he follows a proper course of life and is not depressed by dissipation or disturbing passions." To this the additional statement may be safely made, that in such countries persons may be found enjoying fair health even to a very advanced age. And persons who resist the miasm of one region may succumb to that of another, while new comers into places subject to marsh miasmata are more likely to be attacked by intermittent fever than are the residents of those places.

Here we may observe the great resemblance between the drug and the marsh miasmata. Although there is a great difference in the mode of their presentation to the organization, yet there are many things common to both. Thus, persons may partake of the same drug miasm without being perceptibly affected by it, just as some persons may live in situations where a marsh miasm is present and may yet preserve good health. It

is not worth while to pursue this comparison further at this time than to point out the resemblance which exists between them in regard to periodicity of returns of some of the disorders which they are capable of producing. We are all familiar with this in remittent and intermittent fevers, and know with what wonderful accuracy the returns of the exacerbations of the former and the paroxysms of the latter generally recur. Even in the anticipating and procrastinating types of intermittent fever, the equality of the times of anticipation and procrastination are often remarkable. And in regard to the drugs or drug miasms which are employed as medicines, Hahnemann has observed, that "almost every medicine in its pure operation excites a peculiar fever of its own, and especially a kind of intermittent fever."

These fevers, like other diseases, originate from morbid conditions of the organization, which we cannot see, but know to exist. Thus when the stomach is incapable of digesting its contents, we often meet with a disease marked by ineffectual efforts to vomit, attended by pain and a sense of oppression at the epigastrium. Between this disease which we observe and the substances which produce it, there is an important morbid condition, in which the powers of the stomach are impaired. To change this condition and to restore the stomach to its healthy state, the vital principle endeavors to effect a removal of the cause of the morbid condition. The symptoms which we observe are the signs of the efforts of the vital principle to accomplish this purpose.

There is nothing new in all this, truth is of old and has been the same. Although overlooked by some, it has been recognized by others. And this is evidenced in this matter by the fact that physicians have long since recognized the existence of morbid conditions as the causes of diseases. Conditions which are the effects of the occasional causes, but which become the causes of the disorders which we observe, and to which we give names. Hahnemann, whilst condemning the fruitless researches to ascertain the nature of these morbid conditions, says truly, that physicians held the fantastic pictures which they drew of this condition, "for the proximate cause of disease, and also at the same time for the inner essence of disease, which should be the disease itself,—although according to sound human understanding, the cause of a thing or of an occurrence can never at the same time be the thing or the occurrence." (*Organon*, p. 4, Dresden and Leipzig, 1833.)

Yet, however awkward the expression may be, the language conveys to us a recognition of the important fact of the existence of a morbid condition which is itself the effect of the occasional cause and becomes the cause of the disease which we observe. And we owe them the proper credit for the careful observation and just reasoning which enabled them to arrive at this recognition.

Glittering generalities, such as sthenic and asthenic, the loss of the balance of excitement, or of that of heat and cold, or that of an untuning of the vital principle, may be very dazzling, but they are detrimental to the advance of science, because they call the attention away from facts.

Let us now consider a case in which a mechanical force has inflicted an injury of some part of the organization. Let it be a case of gun-shot wound, where we see the points of entrance and exit. We can tell the direction in which the ball has passed through the organization. It has escaped from the parts, but its path has been marked by laceration, crushing and destruction. This is the proximate cause of the disease which comes under our observation. The prostration, anguish and the other symptoms are effects of the wound, and so are afterwards the new processes established by the vital principle for bringing about as perfect a recovery as is possible. These processes, though tending to the restoration of health, are abnormal, and like other processes of rare occurrence, produce pain or other peculiar and uncomfortable sensation. As an example of the latter, parturition may be mentioned. Here the period having arrived at which, by the laws which govern the vital principle, the intimate connection of the foetal and maternal lives is to be severed, successive, periodical contractions of the uterus occur, aiding in the dilatation of the mouth of the womb. After this has been effected, several paroxysms of strong contractions, with bearing down pains, are necessary to complete the delivery of the child.

These remarks are not intended for pupils who are to be taught, but for a body of well informed physicians. It is, therefore, unnecessary to multiply examples, as there will rise in the mind of every one instances of periodical, paroxysmal efforts of the vital principle to dislodge an offending cause from the organization.

After what has been already said, the proposition may not be unexpected, that the symptoms of all diseases (some of those of structural diseases excepted) are to be viewed as the

signs of the operations of the vital principle to free the organization from some morbid condition. If we admit the truth of this proposition, it follows that in periodical paroxysmal diseases the vital principle fails to complete the removal of the morbid conditions in all of the paroxysms preceding the last.

In intermittent fever from marsh miasm, this last paroxysm in which the correction of the morbid condition is perfectly effected, is for a long time coming. It is the same in many other disorders.

Some knowledge of the power of medicines to cure diseases has existed for time immemorial, and among barbarous or semi-civilized people. From an Indian woman the world has obtained its knowledge of *Cinchona* as a remedy for intermittent fever. This was a great boon to humanity, and can be well appreciated by one who has witnessed the regularly returning paroxysms of this disorder, with their accompanying suffering and danger, and who knows that the time through which they may continue to return is indefinite. After massive doses of *Cinchona* or quinine, the disorder ceases after one or two paroxysms, perhaps never to return; or it may return after one, two or three weeks. But even when the disorder returns a second or third time, it may be again and again subdued for a time, or forever. There are often great objections urged against its employment, by persons who charge it with certain evil consequences, which, however, are more justly attributable to the primary causes and the long continued, but ineffectual strife of the vital principle with the morbid condition. And those persons who have been cured of intermittent fever by the use of *Cinchona* or quinine in massive doses, generally appear to enjoy as good health as could have been expected if they never had this disease. In many cases also the health is improved.

If it were not for the lingering fevers which sometimes arise from the employment of the massive doses, the use of these ought not to be condemned, and we should be very careful not to blame harshly our homœopathic colleagues who resort to this practice. And, although it is true, as remarked by Hahnemann, "that homœopathic help is found for the numerous natural intermittent fevers in the great opulence of medicines, and already for many such fevers, in the moderate number of medicines proved up to this time on healthy bodies" (*Organon*, Section 239, page 253. 1833), it is to be noted that among the hitherto proven medicines there may not be

the remedy which is the proper one to give the necessary aid to the vital principle to enable it to overcome the morbid condition. Also when the number of proved remedies has been greatly augmented, the difficulty of selection has also been largely increased.

It is to be borne in mind that Cinchona and the other remedies for intermittent fevers stand in homœopathic relations to these diseases, and that the cures effected by these medicines are really as much homœopathic cures as if they were effected by the minutest miasmatic doses.

During an epidemic of intermittent fever, a woman was attacked by a remittent fever, with constant nausea, retching to vomit and vomiting of mucus. Her physician gave remedies which were recommended for settling the stomach. On his visit the next day, finding her no better, he thought that there must be a great collection of mucus, bile or other irritating matters, which, unassisted, nature was unable to remove. He, therefore, concluded to give a dose of twenty grains of Ipecac. At his visit the next day, he had the pleasure of finding his patient restored to health. He remarked that she must have thrown up a great deal of bile. Not any, was the reply. Of yellowish or green bitter slime? Not any. Then a large quantity of the slime you were vomiting before? Not so much as before. The physician went his way, saying to himself that medicines cured diseases by revolutionizing. It was a word which answered its purpose at the time. Years afterwards, when he met with the word homœopathic and understood its meaning, he again said to himself, this and similar cures were homœopathic. And is not such a cure as perfectly homœopathic as if it had been accomplished by a minute dose of an hundred thousandth dilution?

DR. A. C. REMBAUGH then read the following suggestive paper illustrating the usefulness of the cold pack in Croup.

A Case of Croupoid Pneumonia Saved by the "Cold Pack."

GENTLEMEN:—Having just passed through an intensely interesting experience in the treatment of one of my patients, I wish for the general good to call the attention of my medical brethren to the very simple remedy which, in this case, has proved to me so surprising and successful. This curative medicine is so familiar, common and abundant, that the very mention of its name will provoke a smile,—but I must out with

it, even at the risk of being severely criticised—*water*. Such is the remedy that I would magnify, and now for a description of my case and character of application, etc.

Last April, Sallie S——, a very bright, fleshy and healthy child of three years, was convalescing from a slight attack of measles, when she was suddenly attacked with very violent croup symptoms, which had been previously lurking around. I at once applied the ordinary homœopathic remedies, according to symptoms, as near as possible, but with no effect at all, either from *Belladonna*³ as a first medicine to *Lachesis*²⁰ as a final one. It is but just to add that I acted in consultation with the valuable suggestions of two of our most skilled and experienced physicians, and still the disease progressed and developed fearfully into croupous pneumonia, with bloody expectoration, which took place on the fourth day. It was evident to all that the child could not survive another hour. In this extremity I proposed to the parents what then seemed a desperate remedy. Any effort looked better than idleness, and they at once consented. I immediately called for a linen sheet, a bucket of cold water from the hydrant and a blanket. Wringing the sheet out slightly, I stripped the child and enveloped it immediately and entirely, save the face, in this damp covering, and then let it remain thus for an hour, until the sheet became warm; then changed it for a fresh one, which I left around it for half an hour; this was then removed and the little sufferer was thickly and thoroughly enveloped in blankets, and in two hours from the commencement of this novel operation it was evident that the child was saved. The most violent exertion of every muscle to aid respiration had given place to really tranquil sleep; the entire body and face showed a profuse perspiration, that continued thus profuse for several hours. I then again in six hours used a cold sponge-bath and friction, with blanket wrapping, giving also milk and water to drink without stint and abundance of fresh air. To sum up, this little patient had received the most vigilant attention from the beginning, potencies high and low had been scientifically and carefully applied, stimulants had also been used and onion poultices, yet in spite of all efforts the child was rapidly approaching death, when the cold water pack rescued her.

The result of this remedy was to me so amazingly efficacious and so permanently satisfactory to both physicians and friends, that I beg leave to ask your notice of the same, not for criti-

cism, but rather that others may be encouraged to do likewise. In my humble judgment I would and must assert, that the cold water pack, as it is called, is and should be reckoned a final resort worthy of trial in all such cases, and I rejoice to add that I am indebted for the idea to a homœopathic physician of wide repute, Dr. Chas. Munde, whose work on the hydriatic treatment of scarlet fever I chanced at the time to be reading.

Such, gentlemen, is my special case, and if others of you shall bear me out in this novel method of treatment, the remedy certainly is worthy of commendation and trial, and classification, too, in our homœopathic repertory.

Discussion on Intermittent Fever.

DR. JACOB JEANES remarked: In regard to the use of the cold pack, fifty or sixty years ago Dr. Roscoe, of Liverpool, recommended it for scarlet fever. Some physicians used it and spoke well of it, but it gradually dropped into disuse because it was used in some cases where it was not indicated and the patient died. There can be no doubt but that there are cases where it would be very useful.

DR. E. A. FARRINGTON. Before using the cold water it would be well to study the constitution of the patient. I know of a case of scarlatina in which the child went into convulsions fifteen minutes after the use of the pack, and died. Of course the result might have been the same if the pack had not been used. We must individualize here as well as elsewhere. Grauvogl may give us a hint. The cold water pack might be useful to the carbo-nitrogenoid system, but fatal to the hydrogenoid. Dr. F. asked Dr. Jeanes whether he had ever noticed that the effect of marsh miasm was operative in some cases only after the person exposed had removed to another, even if to a healthy district.

DR. JEANES. Celsus remarks that persons removing should have special regard to the time of year. He found the best time was in the latter part of the winter and early spring. Celsus lived in the neighborhood of the celebrated Pontine Marshes, which were famous for their poisonous miasmata. He believed that homœopathic physicians had a better chance to cure their patients residing in miasmatic districts than those have who get their patients from a miasmatic region. Homœopathic physicians should be very careful not to condemn those who give quinine in massive doses.

DR. FARRINGTON. There is one great objection in my mind to the administration of large doses of Quinine. I regard the enlarged spleen as the result of Quinine rather than of the ague, and I think the sufferings from this morbid condition of the spleen greater than those occurring in consequence of the ague. I have witnessed the rapid cure of an enlarged spleen from the administration of antidotes to Quinia.

DR. JEANES. Enlarged spleen was one of the marked features of bad cases of ague before the virtues of Cinchona were known, and I am under an impression, founded on observation and reading, that there is much less of enlarged spleen since the introduction of Cinchona and Quinia than before.

DR. J. C. MORGAN. I am about to make a statement that may seem heretical, but I doubt if there be any such thing as marsh miasm. I recognize the miasms which produce the specific fevers, but doubt the existence of those to which we attribute the endemic fevers. I have had some experience in this field and some chances for observing, having spent two years on the west coast of Africa, nine years in the Mississippi valley, and several years in the region of the Schuylkill and the "Neck" in this city, where some time ago fever and ague extensively prevailed. There is no occasion to drag in a "marsh miasm" as a cause of intermittent, when there are so many other potent causes existing. There is, however, a hydro-metric influence about marshes, which together with certain, electrical influences at work affect all persons residing within their neighborhood, but operating especially producing fever, upon persons already predisposed through too much work, bad food, or other causes. It was only necessary to the production of an attack that a man should march all day in the sun, carrying a heavy gun and knapsack, and lie down on the ground on a cold night, with only one blanket. I found, in the great Mississippi bottom, that no man got a fever there who kept his nervous system, his digestion and his skin in good order. I believe that any man who will eat right and keep his skin in good order will never get a fever. When I was on the west coast of Africa the wind blew off shore, and I felt as if I was inhaling poison; but I soon found that on board ship, at a distance of two or three miles from the shore, the atmosphere was safe, but on going ashore the person thus exposed was almost sure to be attacked.

In regard to Quinia. Wherever it has been used it has

done well, but it does not follow that it will cure every case. I believe *Belladonna*²⁰ to be a positive prophylactic of scarlet fever, but it is by no means a curative agent in every case. Intermittent fever should always be cured, but to effect cures we must look at something more than the mere symptomatology. We must have regard for the various systems, the nervous system, etc. We will probably find some organ or organs in a diseased condition, and if we set them right we will cure the case; but these conditions cannot be discovered through the mere statements of the patient, which are generally unreliable, but careful physical explorations must be made. If we can learn to locate the disease in one or the other of the nervous systems we will find cures for our cases.

DR. FARRINGTON asked Dr. Morgan how he accounted for the prevalence of intermittent fevers in new neighborhoods where cellars are dug.

DR. MORGAN. This is due to a change in the hydrometric state of the atmosphere—an increased moisture—which produces radiation of heat from some part of the body.

THE PRESIDENT. Is your view of the case borne out by the increase of intermittents on the subsidence of water in ponds, etc.; or how do you explain this point?

DR. MORGAN. 1st. All persons are already affected by the water. 2nd. The wet mud causes a radiation of heat which affects the organism.

DR. B. W. JAMES. In a neighborhood where I attend there are numerous intermittents and typhoids occurring in the same block. They are digging a deep culvert on that street, which has, however, a nice dry gravelly bottom, and every particle of moisture runs off. In regard to the use of Quinine: there is a family where I attend, one member of which, who has another homœopathic attendant, got intermittent fever. The doctor pegged away at it for four or five weeks. All at once the chills ceased and the doctor was delighted. The wife of the patient told me that her husband had got tired of his doctor's fooling and took a dose of Quinine. That doctor will doubtless always believe that he cured that case. We might possibly discover in many cases which we suppose we cure with attenuated doses, that our patients have taken Quinine on the sly. Everybody nowadays knows what effect Quinine has on intermittent fever, and many doubtless take it slyly sooner than offend their homœopathic attendant.

DR. MORGAN. I would put my view about as follows: the normal status of atmospheric and terrestrial heat and electricity is one of equilibrium—of proportion—with the dominant positive influence in favor of the atmospheric, or solar, source. The whole body is a participator in these proportional, or better called “polar” states, between the earth, on the one hand, and the atmosphere and sun.

Now, anything which increases or decreases the proportional influence of either earth or atmosphere, as intense solar heat, with dryness; or again, cold and damp air; or again, fresh damp earth; any of these must change, both the thermal and the electric polarity, of the body and in particular the exposed parts. Whatever changes either the *conducting power* of surrounding objects and media; hyperpolarizes or depolarizes the exposed nerves—so directly stimulating or sedating them.

Now let it be remembered that a *partial* exposure to such agencies disturbs the nervous and circulatory *equilibrium* between such parts and the rest of the body. This is simply the paroxysmal introduction.

THE PRESIDENT. Dr. Jeanes has spoken of the recurrence of the paroxysm of ague after the administration of Quinine. I would ask whether these recurrences are as common with those who have removed from miasmatic districts into healthy ones, as with those who still reside under the miasmatic influence. I have thought that these recurrences were really reaccessions of the disease from continued exposure. This point might be demonstrated by proper observation.

DR. MORGAN. In regard to the recurrence of chills at hebdomodal periods, he thought that if physicians wished to anticipate and prevent the expected recurrences and waited for the seventh day, they would find that the chill had visited the patient the day before the doctor had. He regarded the recurrences as coming on the 6th, 14th, 22nd, etc., instead of the 7th, 14th, 21st, etc., as generally stated by authors and teachers.

The hour of adjournment having arrived, on motion the session was continued to admit of the reading of the usual monthly report of the Scribe.

DR. BUSHROD W. JAMES, Scribe, then made his usual monthly report as follows:

NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

WEATHER PROVING.

Observed at the N. E. cor. Eighteenth and Green Sts., Philadelphia, Pa.

April.	Temperature.	Average.	Barometer.	Measurement.	Velocity of Wind.	Pop. 775,000. City Mortality.	Disease Tendency.	Atmospheric Conditions.
								7 A. M. 2 P. M. 9 P. M.
1	36	39.12	9				Chest pains and aches; cough worse.	Snowing. E. & N. E., cool. Windy and cloudy.
2	39	29.92	11				Rheumatism, especially in extremities & about the shoulders & chest.	Cloudy. Fair. Cloudy.
3	44	29.72	6				Pains and aches about the chest; anginas and coughs more numerous.	Clear. Fair winds during middle part of the day.
4	32	30.13	18	For the week 342			Rheumatism better. Bloody expectorations.	Cloudy. Fair. Clear.
5	34	29.93	3				Variable pains & aches; coughs increase.	Clear & high winds. Cloudy and dusty. Rain and warm.
6	46	30.07	3				Neuralgic cases worse last night; to-day many have chest pains—muscular.	Clear and fine Spring day.
7	48	30.01	5				Cases about the same.	Cloudy and rainy. Cloudy N. E. wind. Fair.
8	44	29.88	5				Pains about the chest worse.	Fair. Cloudy and light rain.
9	39	29.80	6					Light rain all day.
10	42	30.02	6					Cloudy. Clearing. Clear.
11	40	30.05	26	For the week 331			Rheumatics worse; stiffness of muscles and aching pains prevalent.	Clear. Storm and colder weather about 5 P. M.; rainy Evening—freezing.
12	38	30.52	20				Neuralgic cases predominant. A number of cases of toothache.	Clear all day; cool high winds about noon, freezing at night.
13	42	30.43	5				A number of patients with intermit't chills and local cold feelings.	Clear all day, freezing last night, day warmer.
14	54	30.12	13				Cold and numb feelings. Pains about thighs and lower extremities; some epistaxis cases.	Clear and warmer; high winds during forenoon.
15	60	29.86	12				General debility; typhoid cases occurring. Dyspœna & coughs worse.	Cloudy; rain, showers. Wind S. W., warm and cloudy.
16	46	30.26	7				Several patients have pain in left hip and running down thigh to knees.	Cloudy. Cloudy. Cloudy all day.
17	42	30.23	6				Rheumatic cases improving.	Light rain. Light rain. Light rain.
18	41	30.45	8	For the week 363			Many complain of cold feelings and chills, local and general.	Cloudy. Cloudy. Clear.
19	44	30.23	6				Pains about the chest.	W'd S & S. W. Cloudy. Cloudy. Rain.
20	45	29.66	10				Cases nearly all feel worse.	Rain, N. E. very cold. Rain, not very cold. Foggy.
21	43	30.13	16				A number of sudden deaths in the city for several days past, several have occurred.	Cloudy. Clear. Fair.

April.	Temperature Average.	Average Barometer Measurement.	Velocity of Wind.	Pop. 775,000. City Mortalsty.	Disease Tendency.	Atmospheric Conditions.		
22	48	30.07	10		Sore throats; some diphtheria.	Fair.	Cloudy.	Clear.
23	45	29.95	10		More cases of sore throat, many complaining of general headache, invalids and others.	Rain.	Drizzling rain.	Cloudy.
24	47	30.18	7		Some headaches, sore throats increase.	Fair.	Fair.	Cloudy.
25	40	29.98	30	For the week 349	For about a week a number of sudden deaths have daily occurred, usually attributed to the fashionable term "heart disease."	Violent N. E. storm; rain and high winds all day and most of the night.		
26	44	29.96	25		Cases improving.	Cloudy, high N. W. winds.		
27	49	30.12	2		Sore throats assume somewhat of a diphtheritic character.	Clear.	Fair.	Fair.
28	36	29.88	16		Rheumatism, pneumonia and typhoid fever.—Scarlatina and measles still prevail.	Cloudy.	Cloudy, rain.	Snow in the night.
29	36	29.90	20		Pains through the chest.	Wind N.—Snowing heavily all the morning.	Cloudy, N.	Clear, N.W.
30	48	29.75	6		Diphtherias and sore throats improving.	Clear; wind E. & S.	Fair.	Clear.

Dr. A. C. Rembaugh reports April 2d, sore throats and influenzas. April 27th, pneumonia, measles and croup prevalent, separately and collectively.

OBSERVATIONS.—I will call attention to the fact that when there is a saturation of the atmosphere with moisture we have usually an increase of headaches, and these are worse if there has been a want of ozone in the air for a length of time.

There is usually languor and loss of energy both in the well as well as the sick likewise attending these aches, which usually manifest themselves in the head, although aches in are in many persons present in other parts of the body, according to the temperament and susceptibility of the individual to the atmospheric conditions under consideration. When the ozonic condition increases and also when there is less moisture present, these aches will disappear in the sick without any remedy usually, and also in the healthy, for persons considering themselves well will often be affected. Let me briefly explain the influence of moisture in the air on health, or at least in these aches and pains.

In *very dry* air there is less than one grain of water present in a cubic foot of the air.

In *ordinary fair weather* (dry) there is from one to four grains of water in a cubic foot of air.

In *healthy, fair weather*, from three to four grains per cubic foot of air.

In *rainy weather*, from four to seven grains present, while in *very damp or foggy* weather we have from six to eight grains of water in every cubic foot of air respired. Now what effect must this have on the blood, on the lungs, heart, brain and nervous system, and in fact the whole human frame if continued many hours.

The average daily quantity of air respired is 350 cubic feet, and at each inspiration about one cubic inch of oxygen is removed from this air and taken into the system, making $17\frac{1}{2}$ cubic feet or 7,134 grains, while 8,100 grains of water are *carried off* daily from the body by this respired air, (making a little over one pound avoirdupois weight of oxygen taken into the system and $1\frac{1}{4}$ pounds of water carried off.

Now what does a foggy 24 hours do?

There is an average increase of three grains per cubic foot of water taken into the lungs, making 1,050 grains per day, and this air being more saturated carries away less than the usual amount of water from the blood, while the proportion of oxygen and nitrogen carried into the lungs must necessarily be somewhat diminished. Consequently the blood must feel the change, and through the altered condition of the blood its effects are, no doubt,

made manifest by the brain and sensitive nervous system in these aches and pains, even taking into account the increased duty devolving upon the kidneys and skin under this state of extreme moisture. There is most likely an increased accumulation of carbonic acid in the system when the air is saturated with water for a long time, and the cause of this languor and loss of energy may be due to that source, for we know that poisoning by carbonic acid produces a general sense of lassitude and prostration among its first symptoms.

Let every physician observe for himself an example. In our locality the east and north-east winds are moist, *quite moist*, and the west and south-west winds quite dry.

After the wind has been coming to us for days from the south-west and our system, especially the lungs, the blood and the nervous system, has accommodated itself to the dry condition, and then the wind changes to the north-east and continues long enough to bring the moisture from oceanic evaporation with it, just notice what a number of people will complain of aches, pains and languor, or stiff feelings in the limbs, etc. To this state a few systems will be so overcome by their altered condition of the blood that some form of disease will make its inroad, while the larger number, by that wonderful power of Nature, "natural resistance," will soon become accustomed to this condition of things, and the symptoms will sometimes from that cause disappear, the same as in certain instances we know it becomes accustomed to the use of opiates, arsenic, miasms, epidemics, etc.

If these remarks be true of an excess of moisture we will also have other symptoms produced by a diminution of the normal quantity of moisture in the air in long protracted dry seasons. This we do find the case, as we may be able to inform you after the observations of the coming summer are completed; but these symptoms will necessarily be somewhat different in their character.

WEATHER REPORT.

BY W. H. COOK, M.D.

Observed at Carlisle, Cumberland Co., Pennsylvania.

April.	Average Temperature.	Barometer Average for 24 hours.	Velocity of Wind.	Disease Tendency.	Atmospheric Conditions.
1 33	29.91	10		Frontal headaches, epistaxis, abscesses, catarrhs.	Wind S. E., cloudy, flying particles of snow in the air most of the day.
2 37	29.72	5		Pleurisy, dyspepsia and bronchial catarrh.	Cloudy, damp day. Moonlight night.
3 44	29.63	20		Typhoid symptoms, abscess, hepatitis.	N. W. wind, clear, with floating clouds. Starlight night.
4 34	29.83	20		Pneumonia, bronchitis, catarrhs, dyspepsia.	N. W. wind, snow squall 7 to 8 A. M., clear at mid-day and cold in aft.
5 35	30.00	18		Rheumatism, neuralgia, earache.	E. wind, clear 7 to 8 A. M., afternoon cloudy and sleet at 8.30 P. M.
6 50	29.68	8		Phthisis aggravation, bronchitis, asthma, dyspepsia.	N. W. wind, clear, bright day, spring-like.
7 51	29.61	6		Phthisis pulm. aggravation, pelvic cellulitis, catarrh of stomach, bronchitis.	Wind S. W., alternate clear and cloudy.
8 50	29.60	5		Pneumonia; the chill commenced yesterday at 3 P. M. Conjunctivitis, colds.	E. wind, cloudy and damp A. M. rain in the evening.
9 42	29.65	5		Dyspepsia, gastromalacia.	Wind N. E., rain-mist, fog and sleet, continuing all night.
10 52	29.55	15		Neuralgias, Abscess at root of tooth, hoarseness, sore throat.	Wind N. W., clearing off A. M.
11 46	29.75	to 30		Nasal and bronchial catarrhs, croupy cough, dyspepsia.	Wind N. W., clearing weather A. M., afternoon storms of wind and clouds gathering.
12 34	30.24	10		All cases of pneumonia improving, neuralgia—sick-headache a prominent symptom, diseases of lungs ameliorate.	Wind N. W., clear, ground frozen, ice.

April.	Average Temperature. Barometer Average for 24 hours.	Velocity of Wind.	Disease Tendency.	Atmospheric Conditions.
14 55	29.82	8	Several cases of dyspepsia, hoarseness; more anginas.	Wind E. in the forenoon, cloudy, damp and moist air, with a little mist falling at 10 to 12 A. M.; P. M. wind S. and much warmer.
15 59	29.51	5	Pulmonary hemorrhage. Bronchitis of children, pneumonia. Chill from 8 to 12 P. M. Diarrhoea.	Wind S. W., cloudy and showers in the morning; aft. W. wind, dark clouds and threatening.
16 47	29.84	8	Pulm. hemorrhage, anginas, neuralgia of face, chilliness and muscular pains of the limbs.	Wind N. E. in the morning and partly clear, but the clouds grew thicker and wind nearer to the N. afternoon.
17 42	29.87	12	Pneumonia, pains in limbs and shoulders, tonsillitis, vertigo, catarrh.	Rain in the morning, continuing until afternoon, wind E. drizzling.
18 45	30.13	3	Renewal of bronchial catarrhs and colds in head; diarrhoea with griping pains 9 to 10 P. M. Suicide by drowning.	Cloudy and balmy and moist air A. M., cloudy P. M. and but little wind, S. to S. W., depressing weather.
19 49	30.01	4	Cases generally worse; aching in limbs stomatitis.	Wind E. to S. E., cloudy all day; from dark to midnight heavy rain.
20 48	29.51	5	Old cases not improving; several cases of dyspepsia.	Rain from midnight to daylight; a drizzling rain most of the day at 7.45 P. M. Thunder storm, and fifteen minutes after the last flash of lightning not a vestige of a cloud to be seen. Wind N. W.
21 52	29.61	10	All cases improving. Sluggish abscess of mammae opened. Epistaxis.	Wind N. W., clear, with floating clouds most of day.
22 48	29.72	8	Catarrhs, aphthae, pains in lower extremities, chest, etc. Neuralgia.	Calm, cloudy and threatening again in the forenoon; P. M., wind E., damp atmosphere with some slight sprinkling of rain.
23 46	29.57	8	Many cases suffer from relapse or aggravation to-day. Hoarseness.	Wind E., drizzling rain most of the day, and cleared up after night-fall.
24 53	29.62	3	No new cases, old ones improving.	Wind N. W. in the morning, with occasional sunshine and floating clouds, afternoon cloudiness more general.
25 40	29.38	10	Pains through the chest are prominent symptoms to-day, darting and sharp.	Wind E., commenced raining soon after midnight and continued all day. Wind veering to N. E. in afternoon.
26 44	29.52	35	Relapses of bronchitis, pains in right shoulder and hepatic region.	Wind N. W. including W. and S. W. In the evening heavy floating clouds.
27 50	29.80	5	Catarrhal fever, a full, new crop of colds, coughs and catarrhs, consumptive cases growing worse in last ten days. Diarrhoea.	Wind N. W., a beautiful clear and cloudless day.
28 37	29.74	20	Bronchial catarrhs. Anginas. Dyspepsia.	Snowing at daylight, wind N. E. Rain and snow fell alternately all day.
29 49	29.69	35	Influenzas, anginas and erysipelas.	Early morning ground covered two inches deep with snow, it ceased falling at 8 A. M. and cleared off; snow-drifts several feet deep in my country drives; a driving wind from 2 to 6 P. M.
30 49	29.59	15	Anginas.	Wind from the W., heavy floating clouds all day, with slight showers in evening.
13 41	30.21	10	Old cases improving; some new cases of pneumonia, anginas, prevalent; throat being the point of attack in last few days.	Wind W. of S., clear.

April has been a wet and cold month, *simply March* prolonged. The Rainfall was 6.35 inches. Snowfall 4 inches. Average temperature 44°. Average height of Barometer 29.73 inches, with but three clear days during the entire month.

DISEASE TENDENCY FOR APRIL, 1874.

Observations by E. A. Farrington, M.D., Philadelphia.

- 1 Erysipelas. Catarrhs come on suddenly as if throat was closing (several cases).
 2 Croup.
 3 Suffocating symptoms continue, Croup.
 4 Pains in the chest, worse breathing (many cases).
 5 About the same.
 6 Measles. Continuation of sharp (pleuritic) pains.
 7 Coryza, profuse, watery (several cases).
 8 Swollen lips (children; only one adult) mostly the upper. Chills and fever (characterized by smothering spells). The colds seem characterized by soreness to the touch on some part of the chest.
 9 Several patients have dull, bruised pains in *knees, elbows* and *lumbar region* and *ankles*.
 10
 11 After 4 p. m. asthmatic patients worse; colds still have as localities muscles of back, knees and ankles (new cases).
 12 Measles, four new cases, nothing unusual or severe.
 13 Bronchial catarrhs, characterized by rawness and pains under sternum.
 14 Bilious vomiting, apparently from cold (several cases). Four children this p. m. have fever, cough and vomiting, a sort of gastric catarrh.
 15 } Many children have dysentery; several cases of aphonia in adults.
 16 }
 17 }
 18 }
 19 Coughs (ten cases) spasmodic, and in the majority of cases elongated uvula.
 20 Neuralgias; spasmodic coughs continue.
 21 Same.
 22 Influenzas, characterized by intense headache and inflamed eyes, with, of course, coryza, pains, etc.
 23 Same.
 24 The damp weather has developed many skin symptoms, as swollen lips, crusts about the nostrils, pemphigus, etc.
 (Let me say that every wet spell this month I have noticed that, no matter what is the disease, there is a remarkable tendency to felons, runarounds, herpes, eczema, etc. A lady who fell, cutting her scalp, a very simple wound, found that since the wet weather the scalp would not heal, but discharged copiously, spreading worse when the weather was wet, remaining unchanged on fair days. The *coughs* have been the most obstinate I ever saw. Even when medicine decidedly improved, the next rain would bring back the disease worse than before).
 25
 26 Remitting type of fever. Inflammatory rheumatism.
 27 Earache, many cases.
 28 Neuralgia; many cases among adults of so-called biliousness; nausea, bitter taste, constipation, etc.
 29 During last night rheumatic patients all complained of excessive nervousness, *jerks* during sleep; sleeplessness prominent among all patients. Nose bleed with the catarrhs.
 30

AMYL NITRITE AND ITS USES.—The following views of a German writer, Dr. Robert Pick, are given in the *Practitioner*:

1st. Amyl nitrite produces a general torpidity of the whole system; but it especially affects the organic muscular fibres.

2nd. The latter is especially to be recognized in the muscular fibres in the blood-vessels. A few drops of Amyl suffices to produce a rapid and inevitable dilatation of the vessels, more particularly of the upper parts of the body, with a simultaneous lowering of arterial pressure and hurrying of the heart's action.

3rd. This influence depends on a direct action upon the unstripped muscular fibres in the vessels.

The best mode of use is inhalation. A few drops are poured on a towel, or, as others recommend, on blotting paper or wood, and placed over the nose and mouth. There are other modes of application besides inhalation, as use by the stomach and by subcutaneous injection; but the latter would seem from some observations to be less effective than inhalation, which is, therefore, to be preferred. Moreover, in this way we avoid upsetting the digestion. If given by the stomach, two or five drops must be administered on sugar.

In inhalation we commence with one or two drops, and gradually increase to five, ten, or fifteen drops for a dose. The latter quantity is necessary after prolonged use, as in all probability Amyl, like the narcotics, very easily sets up a habit of tolerance. The necessity, in epilepsy, *e. g.*, of having the remedy close at hand, yet without allowing a great quantity to be thrown upon the respiratory organs, gives to the following procedure, employed by Dr. Strassburg, a practical recommendation:

“Dry charpie is placed in a glass, and the proper dose is dropped upon it; the vessel is then closed by a stopper made absolutely air-tight by means of paraffine. The patient, when he feels any warning of an attack, can rapidly open the glass and inhale the measured quantity without danger. It is, of course, to be understood that in that way of using it, the remedy must be often renewed, owing to its great volatility and liability to decomposition.”—*Med. and Surg. Reporter*, April 11th, 1874.

SAPONIN AS A LOCAL ANÆSTHETIC.—The *London Medical Record* quotes from Dr. Kohler on this subject:

“Saponin is obtained from many plants of the natural order Silinæ (*e. g.* *Saponaria officinalis*) the Polygalaceæ (*e. g.* *Polygala senega*) of the Spireæ (*Rosaceæ*) (*e. g.* *Quillaya saponaria*) and the Sapotaceæ (*Cortex monesiæ*). It is an amorphous white powder, with neutral reaction and sweetish taste; it is soluble in water, forming a foaming fluid like soap-suds. The experiments made on it proved its local effects as well as those on the muscles and nerves of the extremities by subcutaneous injections on the exposed hearts of frogs, on the intestines, and on the nervous centres by direct application to these organs; then the general effects from injections into the jugular veins; and lastly, the symptoms produced by its introduction into the stomach. The most important local effects

are as follows: Five minutes after the application of a few drops of a concentrated solution, there occur perfect suspension of the reflex irritability of the part selected, and paralysis of both motor and sensory nerve-filaments. Shortly afterwards the muscles of the part lose their power of responding to chemical, mechanical, or electric irritants; and this may occur somewhat independently of the nerves. The nerve trunks, and afterwards the nervous centres, do not become affected till larger quantities of the solution are applied and then probably by absorption as the effects become general. The capillaries, at the spot selected for injection, become greatly contracted, and so do the larger vessels, such as the vena cava and aorta, when the saponin is applied directly to them. When it is applied directly to the heart the beats of this organ gradually become less frequent and then cease altogether. This effect does not depend upon irritation of the terminal branches of the vagi, but on paralysis of the accelerator nerves (sympathetic) which thus raises the 'tomes' of the vagus-filaments. Finally, paralysis of the cardiac ganglia themselves (*i. e.*, of those embedded in the muscles of the heart) ensues. In a like manner direct application of the solution to the abdominal organs first paralyzes their muscles and then their nerves. Local application to the nervous centres induces at last complete paralysis of these organs. This spreads peripherally from the spinal cord, and, continuing to affect the medulla oblongata and the cerebrum, produces asphyxia, stoppage of respiration, deep coma, and dilation of the pupils.

The series of experiments made by injecting saponin into the vena cava of warm-blooded animals, produced these effects: Diminution of blood-pressure succeeding a slight temporary increase of it; reduction of temperature and of the frequency of both respirations and cardiac contractions. The effects on respiration and upon blood-pressure are produced through the nervous centre for these functions. The spinal cord and the peripheral muscles and nerves are not paralyzed by these injections into the veins. Lastly, when saponin is introduced into the stomach blood-pressure is reduced, and pulse, respiration and temperature all sink, though slowly; paralysis of the extremities (as in the injections into the veins also) does not occur in this case. No alteration in either the quantity or quality of the excreta have been observed. Clinical practice only can decide whether saponin may play a great part in surgery as a local anæsthetic."

FUNGOUS GROWTHS IN THE LUNGS IN WHOOPING COUGH. —“Litznerich has previously published an article in which he ascribes the cause of whooping cough to a fungus. He was able to produce this disease and its lung complication in rabbits by bringing the fungus in contact with the mucous membrane of the epiglottis or trachea. In the same way as we have parasitic diseases of the skin, so we have them in the cavities of the mouth, fauces, larynx, trachea and œsophagus. Thrush, diphtheria and whooping cough he regards as such.

The fungus in diphtheria destroys the epithelium of the mucous membrane upon which it grows, especially that of the tonsils, fauces, and upper portion of the larynx, gives rise to the formation of an exudation, and penetrates through the mucous membrane and lymphatic glands into the blood, setting up a general disease, which in every case is combined with a peculiar inflammation of the kidneys. The fungus of pertussis penetrates less deeply into the tissues, never destroying them, covering the folds of mucous membrane of the larynx, epiglottis, and generally extending as far as the bifurcation of the trachea. This causes an irritation of the nerves of the mucous membrane and its glands, by which a secretion of tough mucus takes place, increasing with the increased development of the fungus. The growth of the fungus and the mucous secretion exercises a steadily increasing irritation, bringing on, at longer or shorter intervals, the characteristic paroxysms; with each paroxysm masses of the fungus are expelled; a certain amount remains behind, and by reproduction and extension causes irritation anew and produces new paroxysms.

After the disease has lasted some time, the secretion of mucus becomes more copious and of thinner consistency, containing less and less of the fungus growth, until finally it is all removed and the disease ended. If the fungus extends further down into the bronchi and alveoli, which occurs most commonly in very young or weakly children, and in severer epidemics, catarrhal inflammation, with emphysema, ensues, the most common cause of fatal termination.

The microscopic examination of the lungs of those dying with secondary lung affections, shows extensive emphysema, and the presence of this fungus growth, even in alveoli themselves. It wanders but slowly at first into the parenchyma of the lungs, so that at first the inflammation is confined to isolated lobules.—*Boston Med. and Surg. Journal*, Feb. 12th, 1874.

THE EFFECTS OF SUMBUL.—“Mr. J. Morgan, in the *Medical Press and Circular* narrates a curious effect an overdose of the tincture, half an ounce, had on a young man. He took that quantity during the night. He felt confused during the next day, but in the afternoon became more overwhelmed, having a great tendency to snore, and did so while quite awake; he felt as if his legs were not his own, and could not trust himself to walk. There was a general feeling of tingling, stomach not sick, pupils natural and obedient to light, a strong odor of the medicine from the breath and skin, and especially from the palms of the hands, which felt, he said, ‘sticky.’ He had been given strong coffee and tea, and been kept moving by the attendants, who worked vigorously. The snoring while quite awake and conscious, and lasting for several hours, was remarkable, as well as the peculiar odor of the sumbul being more perceptible from the skin than from the breath. The effect gradually passed off by the next evening.”—*Med. and Surg. Reporter*, Feb. 21st, 1874. No. 886.

WINTER CLIMATES IN CONSUMPTION.—The views of Dr. Biefel on this fruitful topic are given in the *Medicinische Central Zeitung*. He divides winter climates into, first, the warm, moist and sedative, such as Madeira, Pau, Venice, Pisa, Corsica, and we may add Florida and the Bahamas; second, warm, dry and exciting, as Cairo, Palermo, and the Riviera; third, indifferent or medium, with a short, mild winter, as on the Swiss lakes, Aiken, South Carolina, etc.; and fourth, dry, cool climates, as in Alpine and sub-Alpine regions, the Colorado plains, etc.

Active advancing tuberculosis, he says, benefit only in sedative, moist, warm climates; chronic and stationary cases should seek the dry, cool, exciting atmosphere. Careful discrimination must be made. Good food, lodging and attendance are indispensable anywhere. Many patients do better to stay at home in their rooms; but a patient should always have two rooms, the one of which should always be open and airing while the other is occupied.—*Med. and Surg. Reporter*, April 11th, 1874.

BLOOD AGAIN.—An old school physician now gives dried blood in the form of a powder in cases of anæmia, chlorosis, etc.; while the editor of the *Med. and Surg. Reporter* jokingly suggests “a good old fashioned blood-pudding.”

CYANOSIS.—*Cyanosis* is claimed by Dr. Foster, an old school physician, to be successfully treated by peroxide of hydrogen.

EDITORIAL NOTES.

"HOMŒOPATHIC LIFE INSURANCE."—The homœopathic profession in this country is gradually becoming convinced that the success of an institution which insures the lives of persons who employ homœopathy in the treatment of their disease at lower rates than it can afford to insure those who use allopathic treatment, is a matter of very great importance to the general progress and rapid spread of homœopathy as a system of medicine. That this feeling has become very extended was proved at the time the Hahnemann Life Company "sold out" to a Chicago company, in the feeling of indignation which found expression in many harsh words and the sense that homœopathy had been dragged into the mire by the opportunity thus given to old-school critics to once more raise the cry that homœopathy "is going down." It is a wonder, however, that this conviction has been the result of time, for one would think that it would be a spontaneous outgrowth from facts so patent as these, that the welfare of homœopathy is to a certain extent bound up with the weal or woe of the organizations under its auspices, and that any damage to them must react against the interests of all homœopathic professors and practitioners. With a full appreciation of these truths, it is with feelings of profound gratification, therefore, that we note the evident vigor and growth of the Homœopathic Mutual Life Insurance Company of New York, as exhibited in its reports. While it might at one time have been regarded as a mere experiment in which brave men ventured their money with hope and yet with doubt, it has now become a certainty as a safe financial enterprise; and having raised the homœopathic standard at its outstart, and having carried it bravely through the worst days, homœopathy comes in for its full share of the glory as victory becomes more and more assured. It is the duty of every homœopathic physician in the land to aid this company in whatever way he can; and not only is it his duty, but it is his interest to do so, for he thereby aids himself. How these obligations of duty and of interest may be fulfilled is exhibited by a recent publication of the Company entitled "*Which Medical Practice?*", which is furnished physicians by the Company, for circulation among the laity. It is the best homœopathic missionary that can be conceived of, for it deals only in the logic of facts, which facts are so plainly stated and so incontestable that they cannot fail to convince. Dr. E. M. Kellogg, the Vice President of the Company, who is the author of this brochure, has exhibited administrative and executive ability of a high order heretofore and in various ways, but in the publication and free circulation of this "campaign document" he is bound to convince even the most stolid and selfish amongst us of the unity of our personal interests with the success of the life company with which he is connected.

PERSONAL.

REMOVALS.—DR. T. F. POMEROY has removed from Detroit, Mich., to 73 McCullough Street, Baltimore, Md.

DR. E. B. GRAHAM, formerly of Three Rivers, Mich., has taken the place of Dr. Pomeroy, Detroit.

OBITUARY.

DIED, May 5th, 1874, at his residence in Philadelphia, WALTER M. WILLIAMSON, M.D., aged 38 years.

Dr. W. M. Williamson, the eldest son of the late Walter Williamson, M.D., was born in Delaware County, Pennsylvania, in 1836. He received a liberal education at the Academy of the Protestant Episcopal Church, in Philadelphia, studied medicine with his father, and graduated at the Homœopathic Medical College of Pennsylvania in 1857. Soon after receiving his degree, he located at Appleton, Wisconsin, where he remained in practice until the year 1860, when he removed to Philadelphia, where he remained in practice up to within a few days of his death.

Dr. Williamson was an able and active practitioner, energetic in all that he did, and a genial and warm-hearted man. He became a member of the American Institute of Homœopathy in 1858, usually attended its sessions, and was on several occasions appointed to the chairmanship of a bureau. He was one of the founders of the Pennsylvania State Homœopathic Medical Society and of the Philadelphia County Homœopathic Medical Society, and was President of the last named organization. He felt a deep interest in everything that concerned the welfare and advancement of homœopathy. Last spring he had a sharp attack of pneumonia, through which he was attended by the writer, and from which he gradually recovered, and it was hoped that he would soon regain his usual robust health; but a troublesome cough, with occasional hæmoptysis remained, with symptoms of emphysema. On Sunday, May 3d, as he was about to attend to his usual professional duties, he was attacked with an alarming hemorrhage, which recurred on the following Tuesday evening and during which he died.

The action taken by the Philadelphia County Homœopathic Medical Society on the loss of their late President and fellow-member is reported elsewhere. Dr. Williamson leaves a widow and four children to mourn his loss.

PUBLICATIONS RECEIVED.

THE TWELVE TISSUE REMEDIES OF DR. SCHÜSSLER AND THEIR USE IN TRITURATION. *Recommended for Investigation by Dr. C. Hering.* Bœricke & Tafel.

This brochure introduces to our notice the twelve so-called "tissue remedies" of Dr. Schüssler of Oldenberg, who brought them to the notice of the homœopathic physicians of Germany as cure-alls in the *Homœopathic Gazette*, Leipzig, March, 1873. These remedies are Calcarea phosphorica, Calcarea sulphurica, Calcarea fluorica, Kali phosphoricum, Kali sulphuricum, Kali muriaticum, Natrum phosphoricum, Natrum sulphuricum, Natrum muriaticum, Magnesia phosphorica, Ferrum phosphoricum, and Silicea. Schüssler claims that these remedies will cure all curable cases of disease, and if his views should turn out to be correct, which is very problematical, it would certainly be a very great simplifying of medical practice. Dr. Hering recommends them for trial, and Bœricke and Tafel present them to us in the twelfth trituration with sugar of milk. This little work comprises first, An Introduction, by Dr. Hering; second, The

history of the remedies; third, How they were discovered; fourth, Indications for their Use; fifth, A Repertory. Our pharmacists have put them upon the market in handsome style, and they are otherwise rendered attractive by the very great probability of their proving extremely useful.

NO SEX IN EDUCATION, OR, AN EQUAL CHANCE FOR BOTH GIRLS AND BOYS. Being a review of Dr. E. H. Clarke's "*Sex in Education.*" By Mrs. E. B. Duffey, author of "*What Women Should Know,*" etc. Philadelphia: J. M. Stoddart & Co.

The author of this little work gives evidence of being a vigorous writer and thinker, and one who is thoroughly acquainted with the subject of which she writes. Her work is a complete demolition of Dr. Clarke's fantastic highly colored and overstrained treatise, and, in our view of the case, states the truth of the matter at issue very plainly and decidedly. The tenor of her work may be summed up by an extract from the preface, in which the author writes as follows: "Very long study and experience have led me to a conclusion precisely opposite to that advanced by Dr. Clarke—that is, instead of discovering that the physical ills of woman result from her following man's methods of life and study, I have become convinced that they first originate from, and are afterwards aggravated by, a course of life which recognizes an element of imagined feminine weakness and invalidism to which it is necessary to yield, and which forbids the wholesome physical life led by the normally healthful man." This expresses our view of the subject, and we recommend most heartily the work itself to our readers, with the belief that it will convince them of the correctness of the view. The book is neatly printed and bound, and is on sale by the publishers and by all other booksellers.

CAUSES THAT OPERATE TO PRODUCE THE PREMATURE DECLINE OF MANHOOD, AND THE BEST MEANS OF OBLVIATING THEIR EFFECTS AND OF BRINGING ABOUT A RESTORATION TO HEALTH. By A. E. Small, M.D. Chicago: Clindinning & Co.

The title of this work sufficiently expresses its scope and contents. It is a mine of medical and hygienic wealth, and Dr. Small has happily succeeded in touching the pitch without being himself defiled or defiling the pages of his valuable little work. It gives evidence of a large experience and powers of keen observation, on the part of the author; and his hints as to the avoiding and curing the deplorable conditions which he pictures so graphically cannot fail of benefitting practitioners, who all have more or less of these cases to treat, as well as those who themselves suffer from them.

On sale by the publishers and by Bœricke & Tafel.

THE SCIENCE OF HOMEOPATHY; OR, A CRITICAL AND SYNTHETICAL EXPOSITION OF THE DOCTRINES OF THE HOMEOPATHIC SCHOOL. By Chas. J. Hempel, M.D. New York and Philadelphia: Bœricke & Tafel, 1874, pp. 177.

A PRACTICAL TREATISE ON THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS. *Designed as a Manual for Students and Practitioners. With Engravings and Cases.* By W. H. Van Buren, A.M., M.D., and E. L. Keyes, A.M., M.D. New York: D. Appleton & Company, 1874, pp. 672.

An unusual pressure of work has prevented a critical examination of the above valuable publications, and of others of equal importance. We hope to give full notices in our July issue.

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No. 12.

THE PATHOLOGY AND TREATMENT OF DISEASES OF THE
HEART CAUSED BY EMOTIONAL INFLUENCES.

BY EDWIN M. HALE, M.D.

(Read before the Illinois State Hom. Med. Society, May 20th, 1874.)

It will be remembered that I have read before this Society several papers relating to the effects of the will and the emotions on the heart. Without going over the same ground again, I will briefly allude to the *manner* in which the emotions do affect the heart.

The experiments of modern physiologists, Claude Bernard in particular, show that all sensations act primarily on the nerve-centres, through the nerves reaching from the periphery of the body to those centres. The excitation thus determined in the brain, or spinal cord, is then transferred to the nerve filaments which extend to the viscera and members, and hence the latter are affected only secondarily.

Of all the organs, the heart is the one which earliest and most profoundly experiences the influence of the sensitive excitations produced in the nerve-centres. So soon as any modification is produced in the central nerve substance, the nerves transmit this vibration to the heart, and at once the movements of the latter suffer a perturbation which is expressed in various ways.

If the ordinary bodily sensations experienced from physical influences thus affect the heart, through the brain and cord, how much more intensely do those mental sensations caused by purely emotional influences affect that organ: for the emotions affect the brain in a much more direct and immediate

manner than the physical sensations. Emotional influences do not always affect the heart in the same manner. In fact, their influence on the heart is as varied and diverse as their influence on the mind.

We say the mind is depressed by grief and excited by joy. In the same manner emotions of sadness or grief so depress the heart's action that it beats with great feebleness, or its motion is almost arrested, causing that condition known as fainting. Joyous emotions, on the other hand, so excite the heart that the frequency of its beats is often doubled.

The heart, says Fernand Papillon, is no more the seat of the sentiments than the hand is the seat of the will; but it is a reactive which is modified by the sentiments with the utmost nicety and with infallible certainty.

Not only does the heart betray by the very disturbances of its normal rhythm the nature of the initial brain excitation, but it also produces throughout the whole organism disordered actions, the sum of which constitutes, as it were, the physical image, the palpable externals, of passion. But it produces this disordered action only by reacting on the brain, which is the organ of all the demonstrations and of all the movements in the nerves, and consequently of the muscles.

It is disbelieved by some, even at this day, that emotional influences can cause long-lasting functional disorder of the heart. Much less is it thought that they may cause structural changes in that organ.

In this connection the statistics of insanity are suggestive, if nothing else. Dr. Wilkie Burman, who has lately investigated the relations of heart-disease with insanity, says: "Examination of the heart in the living and the dead shows that diseases of the heart are very frequent in persons suffering from mental diseases. In 500 cadavers, 36 per cent. gave a diseased state of the valves and the apertures of the heart and aorta; 14 per cent. showed hypertrophy, without valvular disease; 30 per cent. showed hypertrophy, fatty degeneration, and other heart diseases of minor importance; only 20 per cent. gave perfectly sound hearts. Of 680 male patients, 44 per cent had heart disease. The average weight of the heart is, in both sexes, when suffering from mental diseases, heavier by one ounce than in persons of sound mind. This increase may be ascribed to the valvular morbid states, or to the hypertrophy which is seen in chronic and recurring mania,

and in consecutive dementia, often without valvular disease, and most frequently attacking only the right ventricle."

Heart diseases are most frequently observed in patients with hypochondriac melancholy; with the so-called "melancholy with suspicion," causing a suspicious, morose disposition, and it appears that the heart disease has some relation to it, whereby the subjective sensations offer a prolific foundation for illusions and delusions. In chronic cases, and for advanced mental disease, it shows an essential asthenic type, feebleness in the circulation, cold, livid extremities, and a weak, small pulse.

If these statistics show anything, they show first, that the presence of heart disease during mental disorder is too common to be an accidental coincidence; second, that in a proportion of the cases the heart disease must have been caused by the mental; third, that the coincidence of heart disease with melancholy is pretty conclusive that mental depression is a condition which leads to certain forms of structural changes in the heart. I admit, be it remembered, that diseases of the heart may and do cause many cases of insanity. But I must affirm my belief that emotional shocks, or mental influences, may and do cause not only functional but organic heart diseases.

Take, for example, the influence of fright, sudden grief, or other sad and painful emotions. They suddenly diminish the rapidity of the heart's beating, and thus increase the amount of blood discharged from that organ at each diastole; hence the contractions by which it drives the blood into the vessels are very laborious and protracted. In some cases the shock (as from fright, terror, or the sight of blood), may at once stop the motion of the heart, and as the blood is no longer discharged into the vessels, fainting occurs. This fainting may not only simulate death, but may actually cause it, by rupture of the heart or tetanic and persistent contraction of its cavities. But if recovery occurs, the heart has received such a strain that it may take that organ weeks and months to recover, or it may not recover at all, but end in structural disease, for it is admitted now by all the best authorities that many functional cardiac disorders may, if persistent for a long time, end in organic disease.

Among the diseases of the heart which may be caused by mental emotions and psychical disorders may be enumerated first, cardiac irritability, angina pectoris, cardiac myalgia, palpitation, and weakened heart among the purely functional; second, hypertrophy with dilatation and with enlargement,

certain valvular diseases, rupture and aneurism among the organic.

Right here it may be of interest to inquire, "Through what media do emotions act upon the heart?" The recent discoveries of M. Cyon afford us a basis for the most probable explanation of the phenomena. The following embodies the results of his researches:

The heart is provided with a number of little, self-acting nerve-ganglia, without relations to the brain, from which spring, under the influence of the blood, a certain number of motor impulsions. These ganglia govern the usual normal action of the cardiac apparatus; but the rhythm and force of the beatings are every instant modified by excitations having their origin in the brain. The brain sends out to the ganglia of the heart two sets of nerves, the retardator (pneumogastric) and accelerator nerves. Excitation of the former diminishes the frequency and augments the force of the heart's movements. Excitation of the latter produces the opposite results, increasing the number and lessening the force of the heart's contractions.

Now it is evident that the emotions, according to their quality and intensity, must affect these two sets of nerves either separately or together. Our next inquiry will be, then, can we classify the emotions and arrange them in such a way as to show those which affect these sets of nerves in a special manner, either to excite or depress?

After considerable study of the action of the various emotions, and guided by such authorities as Tuke, Winslow, Carpenter and Maudsley, I have ventured to arrange them as follows: First, Emotions which excite mainly the retardator nerves: Joy, rapture, ecstacy, hope (with faith), pride, courage, love, adoration, wonder and astonishment, to which we may add anger, rage and wrath. Second, Emotions which excite mainly the accelerator nerves: Grief, sadness, discontent, disappointment, melancholy, despair, remorse, fear, fright, horror, anxiety and wonder.

It may be said, in criticism of this arrangement, that we rarely find one emotion acting exclusively at one time. This is admitted, and it is the one chief element of uncertainty that prevents a perfectly satisfactory classification of the emotions. Suppose, for example, that we have joy and anxiety acting at the same time upon the brain. The result would be an excitation of both sets of nerves, causing an increased force with

accelerated action of the heart. Again, astonishment from pleasurable causes would act altogether on the retardator nerves: but, if from unpleasant causes, on the accelerators.

Apparently the most opposite emotions cause similar heart symptoms, but, when we analyze the nature of the effects, they will be seen to be widely different. Thus joy and terror both cause palpitation, but the former causes increased cardiac action with augmented vital force; the latter produces an irritative frequency with deficient power. It may be asked, how can joy and fright both cause death? The action of an emotion is like the action of a drug. In small and repeated doses, quinine causes a continuous augmented action of the heart, not injurious unless too long continued; while a massive dose acts suddenly, causing cardiac spasm and fatal symptoms. So joy, moderate and continuous, increases the vital manifestations of physical and mental life, but sudden and great joy kills by causing persistent cardiac spasm. Fright or terror may also kill suddenly, either by causing immediate cardiac failure, if the emotion is overwhelming, or destroy life more slowly by producing an irritative frequency which will end in gradual cessation of the contractions of that organ.

Enough has been said to show that we must study the effects of the emotions as closely and in the same manner as we study the effects of drugs on the human organism. We ought, sometime, to have carefully arranged pathogeneses of the emotions, not only that we may recognize the peculiar diseases which they cause, but that we may use their influence as remedial agents for the removal of similar disorders.

Treatment.—We come now to the treatment of those disorders of the heart caused by the emotions. What is the first principle which should guide us in selecting the medicine after we have prescribed the proper hygienic rules? The tenets of our school of practice give us the following laws, namely:

First, The medicine chosen must be one which is capable of causing in the healthy a condition and symptoms similar to each special case.

Second, The origin and direction of the medicinal force must be similar to the origin and direction of the original morbid force. This latter rule I consider of the utmost importance. Allow me to explain: In a case of irritable heart, when you have traced the cause to be excessive unexpected joy, the emotion first affected the brain through the soul. This shock was transmitted by the pneumogastric nerve to the heart.

which it caused to palpitate violently, with increased force as well as increased frequency. An irritation of the cardiac ganglia was set up, rendering that organ more susceptible to any and all emotions. This irritability may become permanent, and possibly end in structural disease, unless it is arrested. In selecting the medicinal remedy, we must select one whose pathogenetic action begins in the brain, and in that portion of the encephalon which presides over the transmission of joyous and all other exhilarating emotions. The medicinal or drug force starting from that locality, when transmitted to the heart, must be capable of causing the peculiar kind of irritability which we find in the patient we are treating. Hahnemann and all his most scientific followers have recognized this rule, and when strictly followed it has resulted in some brilliant cures. Those who restrict themselves to covering the totality of existing symptoms will find the cure of their patients tedious and unsatisfactory.

Another rule I would add, of equal importance with the above, namely: When the primary symptoms of the case resemble the primary symptoms of the medicine selected, prescribe that medicine in the high attenuations. When the secondary symptoms of both the medicine and the disorder are coincidentally present, the dose should consist of appreciable, or material, quantities.

We will now enumerate the medicines which will be found useful in cardiac affections from emotional causes, but in order to have a clear understanding of their action we shall compare the pathology of the emotions with the pathology of the medicines, namely:

The emotions of joy, rapture, ecstasy, hope, pride, courage, anger, rage, wrath, love, adoration, wonder and astonishment, all stimulate and irritate the retardator nerves and increase the force of the heart's action. Excessive and sudden joy, anger and rage over-stimulate the retardator nerve and cause sudden death by cardiac spasms. Of medicines, Ammonia, Agaricus, Cinchona, Coffea, Crocus, Cactus, Camphor, Belladonna, Digitalis, Hydrocyanic acid, Lycopus, Laurocercus, Ignatia, Nux vomica and Cannabis indica, all stimulate the pneumogastric or retardator nerve and augment the force of the heart's contractions. Of these, Cinchona (and Quinine), Camphor, Belladonna, Digitalis, Hydrocyanic acid, Nux vomica and Ignatia, if taken in massive doses, are capable of over-stimulating these nerves to such a degree as to cause sudden death by cardiac spasm.

It follows, then, that among these medicines you will find the remedies for the cardiac disorders consequent on the morbid effect of those emotions which irritate and over-stimulate the retardator nerve. In our old repertories you will find many of these mentioned as having been recommended by Hahnemann and others.

As an illustration of the proper method of treating a case of prolonged cardiac hyperæsthesia from the combined effects of excessive joy and anxiety, I will narrate one that came under my care a few months ago.

A young married woman applied to me for the relief of an unpleasant nervous feeling in the chest, not amounting to pain, but an "uncertain, weak, weary sensation," as she expressed it. She was subject to alternate feelings of depression and exhilaration, a strange sensation of sinking and emptiness in the pit of the stomach, the heart's impulse was feeble, its rhythm not disturbed, but the pulse-beats were small, soft, and averaged 100 to 110 per minute, even when lying down. Here were symptoms which appeared to call for *Collinsonia*, *Lycopus*, *Prunus* and some others, but the history of the case revealed the true similitum. She had always been strong and healthy; but during the civil war her affianced was in the army during its most perilous campaigns, and on several occasions rumors of his death reached her; on one occasion she did not hear from him for several months, meanwhile it was supposed he was starving in the prison-pen of Andersonville. All this time her heart was being irritated and weakened by the emotions of anxiety, grief and despondency. How true the ancient adage, "Hope deferred maketh the heart sick." At last, when she had nearly given him up for dead, he suddenly appeared before her, but wan, thin, and pale—a mere shadow of his former self. The shock was sudden and overwhelming, not of joy alone, but mixed with astonishment, pain and sorrow.

As we rarely find among the sick an affection of one organ and tissue alone, so do we rarely find cases where one emotion unmixed with others exercises its specific uncomplicated influence. In this case, however, joy was the one predominant emotion. Her heart, already weakened and irritated by grief and anxiety, succumbed to the excessive stimulation of joy, and cerebral congestion, throbbing temples, loud hysterical laughter, followed by spasmodic weeping, and a sensation "as if the heart was trying to beat painfully in a cage," as she

expressed it, ended in a nervous crethism which had never left her, although she was happily married and situated pleasantly in life.

The remedy in this case proved to be Ignatia. It covers all the symptoms and conditions, and also simulates the history of the disorder. One dose of a high potency was given and allowed to act a week. This was followed by doses of the lower attenuations, three times a day, and she was cured in a month.

In another instance, occurring in a healthy woman, where no previous anxiety had weakened the heart, the unexpected news of great good fortune caused a condition of extreme nervousness, with strong, quick palpitation of the heart, sleeplessness and cerebral crethism. Here the remedy was Coffea; a few doses of a lower attenuation promptly arrested the cardiac excitation after it had continued a week, notwithstanding the use of morphine and other anodynes.

The emotions of grief, sorrow, anxiety, expectation, discontent, melancholy, despair, remorse, fear, fright, horror and astonishment, all stimulate chiefly the accelerator nerve and quicken the heart's action, while they decrease the force of its contractions. Of these, grief, fright, terror, expectation, anxiety and fear have caused death from cardiac paralysis. The heart in such cases is found relaxed, flaccid, and its cavities uncontracted. Of medicines, Aconite, Arsenic, Calabar, Chloral, Cimicifuga, Crotalus, Gelseminum, Iberis, Lachesis, Phosphoric acid, Platina, Veratrum album and Veratrum viride irritate the accelerator nerve and weaken the heart. Of these, Aconite, Calabar, Chloral, Lachesis and Crotalus are capable of causing sudden death from cardiac paralysis.

It would not be proper, in a paper of this scope, to give the special indications for each remedy. Such indications are to be found in our text-books on materia medica. I will, however, give two typical cases as illustrative of the effect of medicines in the treatment of cardiac weakness.

A weakly young man, at the time of the great fire, awoke suddenly to find his room in flames, and no apparent means of escape. He was seized with an overwhelming terror, which caused profound syncope, and he was taken from the floor of his room apparently more dead than alive. It was many hours before he rallied from the shock, and then his mind and body both appeared hopelessly enfeebled. When I first saw him it was several weeks after that fearful night, but his face still

wore a look of settled fright, mingled with terror. His skin was cold and clammy. Any reference to the fire caused a cold sweat to break out on his forehead and hands. His pulse was small, weak and quick; the heart's action feeble, quick and incomplete. His appetite was quite good, and there was no particular abnormal condition of the digestive system. Here was a case that called for Aconite, and a few small doses restored him to health in a very short time.

A young and blooming farmer's daughter met with a severe disappointment in her affections. Her lover left for parts unknown. Weeks and months passed, and no tidings. She did not weep or make any outward demonstrations of grief, but her color faded, her plumpness disappeared, the extremities became cold, a dry, hacking cough set in, her breathing became shallow, dyspnœa occurred on the slightest exercise, and her mind became obtuse. She seemed all the time brooding over her sorrow, but no sighs or tears escaped her. She ate when food was set before her, but expressed no desire for anything but to be allowed to be alone. The heart beat feebly and quick, and the pulse was almost imperceptible.

You will all recognize this as a case calling for Phosphoric acid, whose deep-seated and profound depressing effect on the nervous life of the heart made it the specific remedy in this case. A few drops of the third attenuation in water, three times a day, removed all the physical symptoms in a few weeks, and even the mental condition became more hopeful. After the medicine had nearly restored her, her recreant lover returned and finished the cure.

I ought to mention another class of remedial agents whose action appears to be soothing and calming to both sets of nerves above mentioned. They are Ambra, Castoreum, Asafoetida, Coca, Scutellaria, Guarana, Cypripedium, Valerian and Zinc.

Before we pass to the hygienic treatment of the disorders herein mentioned, we may as well try and answer the pertinent question: Why is it that the heart is affected abnormally by the emotions? The heart, in its normal state, should have the same relative strength possessed by the general muscular system. It is the systematic use and not the irritation of a muscle that gives it strength and endurance. That great muscle constituting the heart can, under proper use, become one of the strongest in the human body. But it requires, to make it strong, plenty of fresh air free from carbonic acid,

regular, active exercise, at least eight hours of good sleep, and the avoidance of alcoholic stimulants, impure tea and coffee, tobacco, narcotics, an abuse of the passions, all the depressing emotions, and even an excess of those that are exhilarating. How many American men and women, in this year of our Lord, live up to these requirements?

Generally the foundation for cardiac debility is laid early. Beginning in infancy, the young child is improperly dressed and improperly fed. It is allowed unnatural condiments and food before it should be weaned from milk and bread. It is placed in schools, and its tender brain crammed with the rubbish of dead languages, when it ought to be in the fields or gardens gathering flowers or romping in untrammelled freedom. Of all persons, the women of this country grow up with the weakest muscular structure, and consequently the weakest hearts. Place your finger on the pulse of the average school-girl attending a fashionable seminary or academy, or the ordinary woman of fashion; you will find her pulse small, soft (or wiry) and very unequal. Her heart beats in the same manner, unless she is under the influence of some abnormal excitement. Her extremities are cold and blue, and a general languor pervades the whole body. What has brought all this about? From childhood she has lived in hot, close rooms, in an atmosphere containing a large percentage of carbonic acid. She eats but little meat, milk or bread, but largely of cake, preserves, confectionery and other improper nick-nacks. She reads trashy novels, every page of which calls up emotions and passions which excite her mind and brain. The heart becomes weak and irritable, and in time it acts unfavorably upon the brain, rendering it excitable and susceptible to the very emotions most injurious to its integrity and vitality.

Compare this picture with that of the robust and healthy school-girl in the country or village, or a woman in any position in life whose physical training has had in it some element of common sense; or, we will say, some servant girl of Irish, Scotch or English descent, or an American farmer's daughter who is not too proud to work. How firmly the pulse of such a person beats under the finger! It seems to lift and throb with a strong vitality, and its rhythm is like the steady step of a trained soldier. We know that the heart which thus sends the blood into the arteries is strong, enduring and full of vitality.

The above pictures are applicable to men and women of all

ages and conditions in life. The former class are susceptible to the malign influence of emotions which would not affect the latter abnormally. The healthy heart, strong and steady, is not affected unpleasantly or provoked to disordered or painful action any more than the trained pedestrian is affected unpleasantly by a walk of a few squares.

In conclusion, allow me to assert that we ought to teach that the heart, as well as the brain or the muscular system in general, requires regular, systematic exercise and training in order that it may have ordinary immunity from abnormal emotional influences.

PITTSBURGH HOMŒOPATHIC HOSPITAL CASES.

REPORTED BY J. H. McCLELLAND, M.D., SECRETARY.

At a regular meeting of the Medical Board of the Homœopathic Hospital, Pittsburgh, the attending surgeon, Dr. J. H. McClelland, reported the following cases occurring in his service as possessing points of interest:

Maltreated Fracture of the Femur. Re-fracture, with good recovery.

Philip H., æt. 17 years; native of Germany; occupation, butcher. Admitted July 1st, 1873. Met with an accident seven weeks ago, while riding on the platform of a car with his legs hanging between the "bumpers."

It appears that, as the train made a sudden stop, one of his legs got caught between the cars in such a manner as to produce fracture of the femur at about its middle. He was attended by a physician in the neighborhood, who avers that he set the fracture. Not feeling satisfied with the appearance of the limb, his friends brought him to the city and to this hospital.

The defects observed are: The limb is crooked and four inches shorter than its fellow; the thigh is bowed out, the fragments having ridden past each other in a disorderly manner; the foot is everted. Considerable callus has been deposited in nature's attempt to make the best of a bad job. The union is pretty firm. The youth wept as he gazed upon his unsightly member.

July 2d. Chloroform was administered, having been preceded by a brief inhalation of ether, and by the application of

sufficient force—which was not a little—the fragments were separated. They were now placed in as correct apposition as the circumstances and the callus would permit. A plaster of paris bandage was applied, extension being continued until the plaster had set.

This bandage is prepared by rubbing the dry plaster into the meshes of the cloth, and rolling it up after the manner of the ordinary roller bandage. It is then soaked in water immediately before applying, and a little more plaster rubbed in while it is being applied to the limb. Two or three layers of such a bandage is usually sufficient to secure perfect immobility. Calc. phosph.²⁰⁰, one dose a day, was administered for about ten days.

The bandage was carefully opened (as you would a starch bandage) from time to time, and at the end of three weeks the boy was allowed to move on crutches.

The union became firmer gradually until the date of his discharge (Aug. 18th), at which time there was but half an inch shortening.

Ulcerated Cornea.

E. J., æt. 62 years; native of Germany; occupation, laborer. Admitted June 28th, 1873; suffering with pustular keratitis. There is a large ulcer about the middle of the cornea. The conjunctiva is much inflamed and acrid lachrymation is excessive. R_y. Merc. corr.³⁰, three hours.

July 1st. Much better; conjunctivitis diminished; eye feels more comfortable. Continue same.

July 3d. Not much change in the last two days. R_y. Hepar²⁰⁰, one dose a day.

July 6th. Better in every respect; ulcer nearly healed. Same treatment.

July 10th. Discharged, cured.

Double Fracture of the Pelvis.

Barney McCl., æt. 50 years; native of Ireland; occupation, laborer. July 14th. Injured by the fall of a wall, under which he was working. Brought directly to the hospital.

Has more or less severe bruises on different parts of the body, but the main injury is a double fracture of the pelvis, the pubic bones sustaining fractures about an inch and a half from the symphysis on each side.

He was bathed with a weak solution of Arnica, compresses placed over fractures, and a broad bandage applied. *R. Arnica*³⁰, two hours.

July 15th. Had a very restless night; passed no urine until it was drawn off with a catheter. It was then found to contain considerable blood. The abdomen, scrotum and thighs were much discolored with suggillated blood. *R. Arnica*³⁰, three hours.

July 17th. Pains and soreness all over, particularly when moved. *Bryon.*³⁰, three hours.

July 19th. Slight improvement.

July 26th. Has been improving slowly up to this time. Bowels very much confined; has a hard, racking cough. *Nux vom.*³⁰, three hours.

July 27th. Bowels were moved, but cough is worse. Wheezing; difficult respiration. *Tart. emet.*³⁰, three hours.

July 29th. Cough and respiration easier.

Aug. 21st. Gradual improvement to this date. Is receiving *Calc. phosph.*²⁰⁰, one dose a day.

Aug. 26th. The union appears to be complete, and the man is to-day discharged.

Fracture of the Vertebrae.

John S., æt. 26 years, native of Poland, is a laborer by occupation.

Aug. 23d. Injury was received while at work digging a cellar. The earth caving in fell upon him, throwing him across a pile of bricks.

When brought into the hospital his extremities were observed to be paralyzed, and subsequent investigation revealed a similar condition of the rectum and bladder. On further examination, it was found that there was fracture of the first, second and third lumbar vertebrae, with a decided prominence of their spinous processes. Concluded that the seat of fracture was in the bodies of these vertebrae. An effort was made to reduce the dislocations, with but partial effect. A compress with a broad bandage was applied, and the man rendered as comfortable as possible. *R. Arnica*³⁰, three hours.

The treatment of this case consisted in the application of gradual pressure upon the protruding vertebrae, passive motion of the extremities to exercise the muscles and improve the circulation, and the changing of his position from time to time to prevent bed sores.

There was a decided tendency to ulceration of the urethra and glans penis, probably from deficient nerve supply, and the catheter had to be employed daily. The principal remedy used was Phosphor.³⁰ to ^{35m}. At the close of my term of service (Oct. 31st) there was an improvement in the general condition of this case, although the main difficulties remained.

Necrosis of the Tibia. Removal.

John C., æt. 14 years; native of America; occupation, glass-helper.

July 24th, 1873. Admitted to the hospital. Six weeks ago an abscess formed over the spine of the tibia, upper third, probably from some trifling injury. Is still discharging large quantities of pus. The probe reveals denuded bone as far as it will reach. R. Silic.²⁰⁰, one dose per diem.

Aug. 1st. An exploratory incision was made, allowing a more free discharge of the pus, and by which it was found that the whole bone was probably deprived of periosteum. Involucral tissue was forming, but the sequestrum had not separated, and hence it was allowed to remain until the formation of the former was more perfect. Silic. was continued, and warm flaxseed-meal poultices applied.

Aug. 25th. At this date there appears to be sufficient involucral substance to support the leg, and, although the sequestrum appeared still firm, it was decided to remove it, especially as the boy was suffering somewhat from confinement.

This was accordingly done by making an incision over the spine of the tibia, upper portion, enlarging the cloacæ with the chisel, and then with the forceps gradually disengaging the sequestrum, which consisted of the entire diaphysis of the bone. The epiphiseal surfaces were then scraped to remove portions of diseased bone. The cavity was found to be lined with velvety granulations. It was filled with oakum, the integument drawn together, and the limb thus kept in condition for the complete restoration of the tibia. This process was going on favorably at the close of my service. The boy receives an occasional dose of Calc. phosph.²⁰⁰.

Chronic Varicose Ulcer.

Samuel D., æt. 57; native of Ireland; occupation, laborer. Admitted Oct. 16th, suffering with a large varicose ulcer of the left leg. This has existed for two years. The veins are

very large, and their coats appear hardened. The skin is of a reddish brown color for some distance around the ulcer. Complains of severe burning pains; worse at night. R. Arsen.^{40m}, three doses a day.

Oct. 20th. Ulcer looking much more healthy; pains relieved. Sac. lac.

Nov. 5th. Ulcer completely healed, having received but nine doses of the Arsen.^{40m}.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY TRIMBLE PRATT, M.D., SECRETARY.

THE Society met in Philadelphia, pursuant to adjournment on April 10th, 1874. The vice-president, L. B. Hawley, M.D., in the chair. After the reading and adoption of the minutes of the last meeting, Dr. W. A. D. Pierce read the following essay:

VENTILATION AND HYGIENE OF THE SICK-ROOM.

BY W. A. D. PIERCE, M.D.

The subject of ventilation has been fully discussed by hygienists, the result being a better general system of ventilation for dwellings and public buildings.

The closing of the large old-time fire-places and substitution of coal stoves for the glowing hearth, as well as the more compact building up of our larger cities and towns, have pressed the matter on the notice of the medical profession, from the enervation or delicacy of constitution produced in our people thereby.

• Architects have also seized the fact that more ventilation is necessary, and, instead of the low ceilings and small openings on the less exposed sides of houses only, we have now high ceilings, large windows on all sides, with sashes to both lower from above and raise from beneath, and by law in our larger cities builders are obliged to leave sufficient open space at the rear as well as front of dwellings.

Heating by furnaces has again made our houses too close, and, by calling closer attention to the natural laws of ventilation, has produced its modification.

The close, unwholesome air of cellars and vaults, formerly thrown into our apartments from the furnace register, has

given place to the purer air drawn from the outside through tight conduits connecting with the hot air chamber of the furnace, and much mechanical ingenuity has been and is being expended in attempts to produce furnace improvements, to prevent the passage of the sulphurous gases thrown off by the igniting coals into the hot air chamber.

Again, the thermometer is finding its way more and more into private dwellings, and over-heating and irregularity of temperature are of less common occurrence.

In the better classes of houses ventilation is aided by draft flues, made to exhaust the vitiated air of the room and throw it above the roof, and, by an improved system, the air is drawn from the lower portion of the room, keeping the temperature more even throughout the apartment and taking off not only the cooler but also the most unwholesome portion of the air. So much has been done, in fact, for the improvement of ventilation, that a modern dwelling with all these improvements, cleanly kept, and the temperature properly regulated by the thermometer, is possibly as healthy a place as we may hope to find beneath a roof.

In the sick-room, however, our difficulties still exist. We have seldom the modern dwelling with *all* these desirable improvements, and have often the most unwholesome locality with the closest, dampest apartments that could be devised, with scarcely a loop-hole in the wall to admit a breath of air or ray of light, thick stone walls with the moisture condensed upon the sides, and joists, floors and surbase, mouldering with age, emitting their foul, unwholesome odor to be inhaled by the invalid.

Between these extremes we have all varieties of dwellings and apartments, and must take them as we find them and improve them as we can.

To ventilate the sick-room should be our first care, and we can generally succeed in getting sufficient air for our purpose. Air admitted to a sick-room should not come through a heater flue, nor beneath a door, nor through the damp, unwholesome passages and entries, nor even through other rooms. We want the air directly from the outside. Opening a window is our best chance of obtaining it fresh and pure, and we should have regard to what the window opens upon: a window opening directly over a pile of garbage can hardly give us pure air. A wood-stove, if well attended to, is the best heat for the room.

The window should be opened both at the bottom and top.

Probably the impurities thrown into the air by breathing are quickest gotten rid of through the top opening, especially when the room is kept warm, those produced by perspiration and otherwise by the bottom opening. There is at least one good reason for opening both at the bottom and top: if we open only at the one or other, we find the air flowing out of the window and in through the passage-ways of the house, whereas if we open both the pure air enters at the bottom and goes out at the top, causing a circulation which, by admixture with the inside impure air, rectifies it, making it as pure as we may hope to have it. As we cannot get rid of the air in a compartment bodily, our best mode is to mix it plentifully with better air and thereby purify it.

The air we exhale from our lungs—though it eventually for the most part descends—at first ascends, and many of the deleterious particles continue to float for a long time, probably of a more dangerous character than the heavy carbonic acid. A contagious disease will seldom be extended to those living below the sick-room, but often to those above. The bed should be higher than the lower opening for ventilation and lower than the higher, that the patient may escape all the poison in the air.

If we have choice of a room it should be on a southern exposure, sun, light and air being more conveniently controlled. Even in warm weather north rooms are apt to be damp, and hence not so healthy, and in cold, windy weather we cannot regulate our ventilation to suit the position of our patient, but must admit the air through such cracks and crevices as we find existing, unless we pack the dangerous openings. This may be avoided by choosing a room in a proper position. Whether the room be on the north or south side of the house, it should not be a damp one.

It is good to ventilate with a little sunshine as well as fresh air, protecting the patient from the intense glare of light. A few rays cheer the room and enliven the spirits of the invalid, besides aiding materially in purifying the air of the apartment.

Cleanliness, again, can do much to improve the condition of the air in the room and the patient, proper care being taken to prevent the latter from taking cold. He should be sponged, his clothing changed and the sheets changed as frequently as they become fouled by the perspiration.

The room should be occasionally dusted with a damp cloth, but never swept while the patient is in it.

It would be well before the patient is put to bed, if practicable, to cleanse the carpets by shaking, and to have the floor well swept—not washed, the windows opened, and when the dust has well settled, to have it removed by a damp cloth—not a dry one; then, after the air has had full circulation for a few hours to purify the room, bring the heat to about 56° or 60° F. and place the patient therein, keep up the ventilation and a regular heat of not less than 56° , avoiding all drafts on the person of the patient. Keep the bed clothing and patients' clothing clean and fresh, taking care to have everything thoroughly aired and dried and warmed before applying them to his person. Straw is probably the most wholesome for bedding, and muslin is generally the best material to apply next the skin, being easily cleansed, irritating but slightly, and with a little care protecting from chill.

The room thus kept, no disinfectants should be used but pure fresh air and sunshine. Where there is much perspiration, the clothes of the patient and the sheets of his bed should be frequently changed, and no discharges or other contaminating substances should be allowed to remain a moment in the room; all clothing not used by the patient should be removed; the room would perhaps be better without even a carpet, and no air should enter from closets, water-closets or bath-rooms, or any other place where impurities are liable to remain concealed. The room should smell pure and fresh to the physician when he enters from the open air.

Disease should be combatted by an abundance of ease: the patient should be made as comfortable as possible by all the means at our disposal, such as position, rest, quiet and proper food.

The attendant should be cheerful and quiet; no unusual noise should occur: doors should open and shut softly without creaking or slamming; shoes should tread lightly and never creak, and all sudden commotion and fussiness should be avoided; ordinary and usual noises seldom annoy the patient, however loud; uncommon or unusual and especially sudden noises have a bad effect, even when not unusually loud; whispering and conversations in which the patient may think himself interested but cannot hear have a most injurious and depressing effect; narratives may be told but never read, and should be quietly brought to a close as soon as weariness appears on the part of the patient.

There should be no suddenness in any move on the part

of the attendant; everything should glide along smoothly and evenly, and the patient should be prepared for all events before they occur.

Cheerful but not too lively conversation often has a pleasant effect on the patient, drawing his thoughts from his own sufferings for a while. It should not be carried too far but close before it wearies him.

The diet of the sick should be regulated somewhat by the appetite of the patient, care being taken not to mistake his anxiety to get well for appetite. Often a patient who has scarcely any desire for food will force himself to eat, thinking he will thereby keep up his strength and hasten his recovery; in such cases food retards the cure. Essence of beef is the only nourishment I have found it desirable to force on the patient. I have never found it injurious, but generally beneficial.

Milk is certainly one of the most nourishing of foods for the sick. In some cases, however, the patient dislikes it, and in some others it disagrees, and, of course, should not be given. It can be given either before or after skimming, but should not be in the least sour nor too recently drawn from the cow.

Butter-milk is almost always allowable, especially in fevers with gastric symptoms.

Cream can often be taken freely when nothing else will remain on the stomach.

Butter can generally be used, but should never be overheated nor too bountifully supplied.

Sugar is allowable if the patient desires it; but too much sugar disorders the stomach, and sweetened food is apt soon to cloy the appetite.

Fats, other than butter, are injurious, tending to disorder the stomach and heighten the fever.

Starchy food should always be given if the stomach will permit it. The best form is in toast, as much of the starch is changed to glucose by the heat, and in wheat bread we have some little gluten which partly supplies the place of albumen.

Albumen can be administered by beating an egg in milk and sweetening it, and this is the most convenient way to make it palatable and at the same time keep it digestible. Soft-boiled eggs, or, in fact, eggs prepared in any other way, I think very poor food for the sick.

Sometimes, but seldom, acid fruits do good without injury, but I have generally found the patient do better without them, even where there is no diarrhœa to contra-indicate them.

Gelatine, though not very nourishing, is soothing and grateful to the patient, and should be allowed where diarrhoea is not to be feared. The same remarks apply to Irish moss and Iceland moss; the latter I consider preferable, both as regards flavor and having less tendency to affect the bowels.

Cooking for the sick should be done in the most careful manner, and should be done at such a distance that no odor from it can come to the sick-room. Food is the only thing that should come unexpectedly to the patient; it is always more enjoyed when it is thought to come from neighbor or friend. Great care should be taken that no unpleasant flavor adheres to the food, and especially scorching should be avoided, and no volatile extracts or oils should be used for flavor; a little flavor from our domestic fruits—as strawberry, raspberry, currant or peach—is not objectionable.

Gruels should be boiled until every particle of the meal is cooked. Oat-meal, when coarse (which is the best), should be mixed at first very thin and then boiled six or eight hours.

Beef extract or essence should boil six or eight hours, and should be examined by the nurse before being given to the patient. Skimming fat off of beef extract does very little good; if there is any fat floating on it, the whole body of essence has probably a strong fried taste and should be thrown away. If the beef is so fattened that no piece can be found that will not produce the proper kind of extract, then a little water should be added, and the fat skim will boil and not fry, thereby leaving the essence of a better flavor. It should be seasoned with a very small portion of salt.

Boiled rice can be made very palatable for the sick. It should be thoroughly cooked, whether the grains are totally dissolved or remain whole.

Corn-starch, panada, arrow-root, tapioca, sago, barley water, currant water, toast water, wine, whiskey are so well known to housekeepers and nurses, that they probably do not need to be mentioned. A change in diet is most beneficial, and variety should be ensured by giving but few articles at a time and changing often.

Generally, the homœopathic rules for diet are the best that can be prescribed; very seldom can they be set aside with advantage, and the enforcement of them, even in chronic cases, seldom prevents a patient from applying for treatment.

Where such articles appear to benefit, they generally do so by suppressing symptoms that would be of use to us in selecting the appropriate remedy.

Hoping to hear a full discussion of the subject in this Society to-day, I now leave it with my confrere.

The reading of DR. PIERCE'S Essay was followed by the subjoined

SUGGESTIONS ON VENTILATION.

BY MAHLON PRESTON, M.D.

The supply of fresh and pure air to buildings and apartments is a practical problem of the greatest importance, and it is, as a general rule, solved in the crudest and most unsatisfactory manner. Without pretending to have developed a method of ventilation, either entirely original or in strictest accordance with scientific principles, I think I can suggest one, the practical workings of which will meet all ordinary requirements in a satisfactory manner.

In order to utilize the heat which in all the common plans of warming buildings escapes through smoke flues and chimneys, and is expended unprofitably in heating external walls and in time disintegrating them along the course of the flues, exhibiting unsightly lines of crumbling bricks and mortar or displaced stone, these should in all cases be erected through the body of the building in as nearly a central point as practicable, and be constructed with a view to giving easy access to them from the different apartments and halls by means of pipes for the more distant, or direct opening into them from the adjacent rooms.

The flue or flues for smoke should be erected inclosed by a ventilating shaft, on the plan of what is generally known as "Stone's Ventilating Shaft." Buildings, whether designed for heating with basement furnaces or stoves for each apartment, could without any considerable difficulty be arranged on this plan, as the trouble of making connections through the shaft to the inclosed smoke flue for each apartment separately would be very little, and would not interfere in the least with a free circulation of air through it, and would be entirely proportional to the number of rooms to be heated, as the amount of heat ascending the smoke flue would control the amount of circulation required, and this must of necessity be regulated by the number of fires burning.

The manner of deriving the greatest benefit from this continuous upward current in the ventilating shaft, which itself would be caused by the heat radiating from the hot upward

current of smoke in the inner flue, must be by judiciously arranging the openings into the shaft from the rooms;—these should be made from one to two feet from the floor of each apartment or hall where the openings thereunto are directly from them, with a pipe extending from this aperture down to the floor, or within a few inches of it, and be supplied with valves permitting only an upward or outward current: or where the rooms were connected by pipes with the shaft the openings could be directly into them near the floor and supplied as above.

This arrangement supplies everything necessary for relieving the rooms and halls of the building of vitiated or exhausted air, which is probably the most difficult part of ventilation, as it is to be presumed that nature will be able to supply us from without with all the pure material we require. Every house, with very little if any extra expense, could be thus provided with a systematic arrangement for procuring the freest and best circulation of air, whose combination with all heating arrangements, already shown to be entirely practicable, would render it entirely automatic.

The cold or fresh air supply would be best accomplished in the following manner: A series of flues, as many as desirable, should be constructed, similar to the ordinary chimney, except that they should be made as straight as possible, in the external walls of the building, and should descend to the base of the lowest story. Each apartment should have a separate opening into one of them at or a few inches from the floor, and these apertures should be supplied with registers by which any undue ingress of air might be regulated. The positions of these apertures should be selected as nearly opposite the corresponding openings into the ventilating shaft and in the vicinity of the heating registers or radiators of stoves which are used in warming the rooms, in order that the air supplied by the first air flues may become heated as much as possible and be disseminated with the warmer air through the room.

The operation of these arrangements in producing the most complete interchange of air and in renewing the supply of fresh respiratory material, would be as follows: A fire being kindled in the basement furnace, or in any number of stoves through the house, an upward draft through the ventilating shaft is soon produced by means of the heat radiating from the hot smoke flue inclosed within it: this produces a vacuum from below and invites a draft from the rooms and halls

through the valves guarding the apertures of entrance to the shaft. But the air of the apartment being heated by the steam radiator, stove, or being poured in through the open hot air register, ascends at once to the upper portions of the room and there remains until it either loses a portion of its heat or is forced to a lower level by the continuous ingress of warmer air, and it finally reaches the level of the entrance to the radiating shaft, and is induced by the draft inward gradually to enter and be carried up to the external opening at the roof. These currents, from the fact of their evacuating the room of its air, necessitate a constant flow of cool fresh air downward from the flues or chimneys inclosed in the external walls of the house, which is sufficient to equalize the effect of rarification, and being admitted in close proximity to the radiators or stoves, it must become heated and conveyed, as before described, upward. Now the ingress and egress of air being on opposite sides of any apartment, the air is required to traverse the greatest circuit of it in its passage from one to the other, and consequently the greatest amount of benefit is derived from it both for warming and respiratory purposes.

A question of equal if not greater importance than the free interchange of air, is that which involves its maintenance in a state of constant humidity. As all plans of heating necessarily subtract steadily from the moisture of air, some means must be devised to keep its humidity as nearly constant as possible to be conducive to health and comfort. Where houses are warmed by hot air furnaces this is a very perplexing question, for where the moisture is so suddenly abstracted, as it must be by coming in contact with such intensely hot surfaces as it does in the hot air furnaces now in such general use, the evaporation of water can not adequately supply the deficiency thus created in time to prevent the harm derived from the inhalation of such air, or were that even possible, the inequality of such moisture would be in no high degree favorable to health, as the hotter the air is the greater its capacity for moisture, and if opportunity could be afforded the maximum of humidity would very quickly be reached, which would make such an atmosphere unendurable for respiration even for the most robust, and in many other particulars it would be intolerable. The least that can be said of this mode of heating is, that it is in no degree calculated to promote health or comfort and should be advised against by physicians. With stoves, steam or hot water apparatus, it is a comparatively

easy matter to keep the air of a room at any desirable degree of humidity, in the first case by evaporating pans and in the latter by arranging for giving occasional vent to the steam until a sufficient degree of moisture is obtained. In cases where a strict hygienic regimen is to be adhered to, the hygrometer will give the requisite assistance in keeping the proper standard.

DR. M. PRESTON then said: "Dr. Pierce's paper has touched on a good many points and he has made very many judicious recommendations, but I am somewhat at a loss to understand why he discountenances reading to the sick, or convalescent, we will presume he means, while he would substitute conversation or narrative in its stead. I have thus far in my experience very much favored judicious reading to my convalescing patients, while I am quite unfavorable to conversation, as it is apt to become too much prolonged and to be indulged in quite as much for the ventilation of the personal hobbies of the attendants, who are very prone in this stage of sickness to congregate at the bed-side, as for the entertainment of the patient.

DR. PIERCE thought there should be no such congregation in the sick-room, and that the patient should find sufficient recreation provided by his or her immediate friends and attendants. There is very much in the quality of the reader; a poor reader tires and dispirits the patient; there is possibly more in the reader than in his subject. Conversation is apt to be the more entertaining as it most probably reviews events that have occurred during the patient's illness, but must certainly be confined to those subjects which may be most pleasing for the sick person to hear.

DR. WOOD said: "In regard to forcing food upon patients I adhere invariably to one rule, that of allowing the appetite to make the demand before the food is furnished." In reply to the question, what should be done when patients desired or would take nothing, he said, "give them nothing."

DR. PIERCE found it unadvisable in his experience to adhere to Dr. Wood's rule. He found no bad effect from insisting on the patients taking certain articles of diet, but on the contrary often decided advantages from it, and often after the first few morsels the patients become themselves convinced of their ability and even desire to take it. He thought Dr. Wood's a somewhat dangerous plan to pursue in cases of

severe disease, and believed it eminently necessary to support such cases by some nutritious diet; beef extract properly and carefully made was his preference. A number of modes of preparing this article were narrated, the point in the process being to obviate the unpleasant flavor so frequently a prime obstacle to its being favorably received by patients.

DR. PRESTON desired to propose a question in relation to eggs. He did not precisely understand the reason for boiling eggs for half an hour or hour, as is at present the most popular recommendation.

DR. HAWLEY explained: Yolk of egg is a modification of albumen vitelline, and owes its color to a yellow oil. In order to render it most perfectly digestible the long boiling is necessary. The white of the egg would be probably most digestible raw, or it might be most so by being masticated after being thoroughly coagulated, as the acid of the gastric juice might render it more insoluble than it would be after mastication in the solid condition. He thought the idea of long boiling referred more particularly to the yolk than to the white or purely albuminous portion."

DR. PRESTON also inquired regarding toast: many doctors thought toast a pernicious article of diet to offer a patient.

DR. PIERCE said he regarded dry toast as beneficial; the use of it moistened or buttered he thought might be open to objection.

DR. WOOD said he was thoroughly impressed with the value of milk as the most important article of diet in low fevers and many other severe forms of disease, and related a number of cases in which he had relied on it alone to sustain his patients through critical periods, with success. The testimony of other members were added on this subject, all concurring in its beneficial action.

The best modes of ventilating sickrooms was then generally discussed.

The relative merits of heating apparatus were generally discussed, the sentiment being generally against hot-air furnaces.

DR. SMEDLEY speaking of stoves pointed out the fact of the hurtfulness of cast iron cylinders for coal stoves. Carbonic acid and carbonic oxide gases pass freely through this material, heated as they generally are to a degree sufficient for warming rooms. These emanations are most hurtful, as is well known; and this difficulty is entirely avoided by the use of wrought iron cylinders for stoves and furnaces, as has been fully shown

by experiments in relation to the matter made in England, France and the Eastern States.

The society, after selecting a subject for discussion at the next meeting (Tobacco) and the appointment of an essayist, adjourned to meet at the Bingham House, Philadelphia, on the first Tuesday in July.

DEATH RESULTING FROM CAUTERIZATION OF A HEMORRHOIDAL STRICTURE OF THE RECTUM.

BY R. C. ALLEN, M.D.

Richard Core, a man of 48 years, had suffered for several years with burning and itching of the rectum, with frequent bleeding. Several allopathic physicians had attended his case fruitlessly, when he applied to me. An examination of the parts was recommended, which was granted. This revealed a hemorrhoidal stricture, located about an inch and a half above the anus, and one small internal hemorrhoid, which was taken off.

Nothing was done at the time towards the relief of the stricture, but simple dilatation by the finger. This gave him relief for several weeks.

Subsequently, hearing of the wonderful cures of a physician of Philadelphia (allopathist) who makes diseases of the rectum a speciality, he was induced to give him a "trial."

The doctor gave him every encouragement, told him that his case was of an inferior nature, that he would guarantee to cure him in six months, and that seventy-five dollars was his charge.

Being charmed by such fair promises and anxious to get well, he consented to undergo an operation, which was to remove the stricture by means of an escharotic. Unfortunately, in six weeks from the time of the first application, three subsequent applications having been made, the man was dead.

The singular developments consequent upon the effects of the escharotic were truly surprising. It caused a perforation of the rectum, which allowed the accumulated gas of the bowel to pass through into the ischio-rectal fossa, thence through the connective tissue of the perineum into the scrotum and beneath the sheath of the penis, inflating the scrotum and sheath of the penis to an incredible size. The scrotum was dilated to the size of 15 $\frac{3}{4}$ inches in circumference from right to left and 17 inches antero-posteriorly.

While in the inflated condition, the scrotum was frequently punctured and the air allowed to escape, the scrotum collapsing each time almost to the natural size.

The scrotum was re-inflated every few hours, the gas of the rectum escaping that way instead of by the anus, which was entirely occluded. In three weeks after the first application, inflammation and suppuration commenced in the scrotum, completely eating away that covering and exposing the testicles. Following this, the perineum and anus were soon involved in one large gangrenous ulcer, with an erysipelatous inflammation extending around the thighs for a considerable distance. In this horrible condition, the man suffered unspeakable agony, as Dr. Clinenson who attended him in his last sickness testified.

NEBRASKA STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

REPORTED BY A. C. COWPERTHWAIT, M.D., SECRETARY.

The annual meeting of this association was held in Omaha, at the office of Dr. Emilen Lewis, May 19th and 20th, 1874, the president, E. T. M. HURLBUT in the chair.

The minutes of the previous meeting were read and approved.

Dr. H. S. Knowles, of Avoca, and Dr. W. D. Stillman, of Council Bluffs, were elected to membership.

The TREASURER'S report was read and accepted.

The PRESIDENT then delivered the annual address, which was an able and instructive production.

The election of officers for the ensuing year resulted as follows:

President, E. T. M. Hurlbut, M.D., Lincoln; *Vice Presidents*, E. Lewis, M.D., Omaha, H. S. Knowles, M.D., Avoca; *Secretary*, A. C. Cowperthwait, M.D., Nebraska City; *Provisional Secretary*, L. J. Bumstead, M.D., Lincoln; *Treasurer*, O. S. Wood, M.D., Omaha; *Censors*, W. A. Burr, M.D., J. H. Way, M.D., D. H. W. Carly, M.D., E. Lewis, M.D., A. S. Wright, M.D.

The following were among the resolutions adopted:

"*Resolved*: That this association favors the organization of a Western Institute of Homœopathy, to embrace all territory lying west of the Mississippi river, and the president is au-

thorized to appoint a committee to correspond and act with any other committees of other states, appointed for that purpose."

"*Resolved*: That when this association adjourns, it adjourns to meet at Nebraska City on the third Tuesday in May, 1875."

In accordance with the first resolution, Dr. A. C. Cowperthwait of Nebraska City, was appointed such committee.

The following committees on medical subjects were appointed:—*Obstetrics*: J. H. Way, L. Walker; *Materia Medica*: A. C. Cowperthwait, E. Lewis; *Clinical Medicine*: H. S. Knowles, L. J. Bumstead; *Surgery*: W. D. Stillman, D. H. W. Carly; *Physiology*: W. A. Burr, A. S. Wright; *Gynaecology*: O. S. Wood, E. T. M. Hurlbut.

Drs. Hurlbut, Cowperthwait and Wood were elected delegates to the American Institute of Homœopathy.

DR. EMLÉN LEWIS read a paper on "Skin Diseases," advising a more thorough study of their pathology and a closer discrimination in their diagnosis and treatment, holding that skin diseases presenting almost indently the same objective symptoms might arise from the most varied causes, and require very different forms of treatment. In one case internal medication is of the utmost importance, while in other cases it is of secondary importance, and external application indispensable. In speaking of itch, he believes, with Raue, that parasites will not remain in soil rendered unsupportable to them, but does not believe in wasting precious time in the administration of drugs for the purpose of making the bodies of our patients mortal poison to the itch parasites. The latter should be exterminated by external means. He prefers dilute acetic acid, or even common vinegar is said to kill the parasites.

Eczema and itch so closely resemble each other that they are liable to be confounded. Thinks cases of itch reported cured by internal medication alone have been some form of eczema.

In the treatment of eczema the efforts must be directed to eliminate the predisposition existing in the patient, which can best be done by the administration of organic remedies. In speaking of measles, he thinks *Puls.* the best but not the only remedy, as some think. Considers it the best prophylactic. Thinks prophylactics very efficacious if given in the higher potencies and at proper intervals. Thinks the reason that *Bell.* does not oftener prevent scarlet fever is because it is given too strong, exhausting the tissues so that they are more easily overcome by the vigorous foe.

DR. KNOWLES agrees with Dr. Lewis about *Puls.* in measles, but thinks *Bell.* a better prophylactic. *Puls.* is better where there are ear troubles. *Gels.* is better in the commencement of a case than *Aconite*. When there is a metallic cough, *Cuprum* is the best remedy; when not metallic, *Drosera*³. Thinks nasal catarrh often arises from measles.

DR. LEWIS. What will prevent this chronic catarrh?

DR. KNOWLES. *Euphras.* and *Staphys.* Measles are often suppressed instead of cured. After two or three years they are by proper treatment brought out and the case is cured, when every thing else had failed.

DR. COWPERTHWAIT. Am glad to hear these remarks; they are in accordance with the tenor of true homœopathy. In this way many chronic diseases may be traced back to a suppressed eruptive disease. We should read Hahnemann's *Organon* more and become better homœopathists.

DR. WOOD. For the cough in measles, *Hepar*^{2s} does the most service.

DR. COWPERTHWAIT. Have had many cases of Otorrhœa from measles and scarlatina. What should be done?

DR. WESTOVER (of S. Joseph, Mo.). Treated many cases of Otorrhœa in New York. Bulk of them were the results of measles and scarlatina. Such cases are too much neglected by physicians. Irrecoverable damage is often done, and death sometimes results. Remedies are usually those which were indicated during the measles.

DR. HURLBUT. Have lately had several such cases which were very interesting (reported). All of these were cured by *Aurum mur.*³

DR. WESTOVER. When there is tenderness of the mastoid process, *Capsic.* When there is a clear, watery, fish-brine discharge, *Tellur.*

DR. WOOD cured several cases with *Aurum met.*^{ss} one dose.

DR. COWPERTHWAIT. I think parasitic itch can be cured by the proper remedy in a high potency.

DR. WOOD. Think it can be suppressed. (Here related a case to prove the eruption brought out long afterwards and the case cured by *Merc. Sol.*^{3m}). Thinks external application dangerous in any skin disease. They lay the foundations for many chronic diseases.

DR. LEWIS. Thinks in such cases as eczema, internal remedies should be used; but parasites should be killed by external means.

DR. COWPERTHWAIT then read a paper on "The Study of the *Materia Medica*."

DR. LEWIS. This is a valuable paper, but in itself forbids discussion: let us carry the suggestions it contains with us and become earnest students of the *Materia Medica*.

DR. KNOWLES reported a "Difficult Case," which he was treating and had been for some months. Apparently there were several serious complications. Dr. K., had treated the case with from three to five remedies at a time in alternation, and occasionally a dose of *Podoph. et Lept.*, to fill in with. Had exhausted his skill and wished advice.

DR. COWPERTHWAIT. Am sorry to hear such treatment reported in this meeting. Do not wonder that the case does not improve. It has not yet received any homœopathic treatment. This is a case for the most acute individualization, whereas it it has been treated by the broadest generalization and eclecticism. Such treatment never cured a case, and never will. Dr. K. must study his case and find *the* *similimum* before it can be cured.

DR. KNOWLES. I have been in practice a great many years, and scarcely ever use less than three remedies at a time in alternation, and my success is far better than that of my allopathic neighbors. In a case like this, where there are so many distinct diseases, I don't see how it is possible to find any one remedy to cover the case. The symptoms of the case are so alarming that I am compelled to keep adding and substituting new remedies.

DR. COWPERTHWAIT. The doctor's success may have been better than that of his allopathic neighbors, which is not saying much. For this case find *the* remedy and stick to it; when the patient demands another remedy for new symptoms, give her a *placebo*.

DR. WOOD. This is a case for a "rifle shot." Away back somewhere is a starting point that should be discovered. This is a case for high potencies.

DR. HURLBUT. These remedies all antidote each other. The right remedy can be and should be found.

After the transaction of miscellaneous business, the association adjourned.

PUBLICATIONS RECEIVED.

THE SCIENCE OF HOMŒOPATHY ; OR, A CRITICAL AND SYNTHETICAL EXPOSITION OF THE DOCTRINES OF THE HOMŒOPATHIC SCHOOL. By Charles J. Hempel, M.D., etc. New York and Philadelphia: Boericke & Tafel, 1874, pp. 177.

This beautifully printed book cannot fail to attract great attention, from the learning and eminence of its author, from the importance of its subject, and from the masterly ability with which this subject is discussed. For these reasons we purpose to indulge in an extended notice of the book, and to make a careful examination of a few (in reality as many as space allows) of the themes therein considered, among which we find much to commend, with some things of a doubtful character, while others—which may be clear to the far-seeing and philosophical author from his more advanced stand-point, and in which he soars, as if on eagle's wings, above the ordinary range of medical science—alternately raise us, in perusing them, to higher spheres of thought and feeling, and remind us that we are still in the depths of ignorance in such matters.

Nothing is more common among neophytes in theology than to see them select the profoundest subjects for their first disquisitions. It would seem that nothing short of the origin of evil, the questions of fate, Divine foreknowledge or the freedom of the human will could satisfy their youthful ambition. Not otherwise is it, oftentimes, with students of medicine and young physicians, who, boldly plunging in *medias res*, wrestle with the "Nature of Disease," or develop (?) "The Philosophy of Medicine." Even so it was on the larger scale of the scientific childhood of our race, when the primitive philosophers, instead of investigating the natural history of the world and acquiring an ample treasure of facts and phenomena as a solid foundation for science and philosophy—the science of sciences—occupied themselves with what we should call speculative physics, which, in turn, became the basis of metaphysical systems whose beauty and splendor were surpassed only by their lack of substantial verity. And this, then, is the one great lesson that the world has been all these ages in learning, that in physical and metaphysical science alike, the inductive must precede the deductive method, and that the most gorgeous *a priori* conceptions of what *ought to be* in the constitution of humanity and in the structure of the universe are but poor substitutes for the discovery of that which *is*.

But the world moves, and learns its lesson not without mishaps and tribulation, like a blundering school-boy whose cerebral backwardness is counteracted by the *a posteriori* application of botanical elements. And now we have a new and original treatise on the Science of Homœopathy, we might almost venture—despite the less assuming title—to say, on the Philosophy of Medicine; a work written by no pen-proud student or newly fledged physician, but the sum and substance of the life-studies, and the final legacy to the profession, of one who has grown up with the growth of homœopathy; who, more than any other man in America, has been identified with its literature, and whose ample learning, extent of culture, liberality of sentiment and large personal experience entitle him to the most respectful attention, and demand for his maturer views the most thoughtful consideration.

Others, indeed, have written "Organons" of the healing art—Hahnemann, Rau and even our present author himself—and, if the general neglect into which these works have fallen is to be deemed a criterion of their merits, they must be regarded as failures. Hahnemann's Organon, however, may be said to have fulfilled its mission from the very first, in producing a revolution in medicine. But the too apparent neglect which it receives in these latter days from a large portion of the homœopathic profession is partly due to ignorance of its real value—one-half of the members of our school having probably never seen a copy—partly to an unwillingness to conform to the strict teachings of the master, and partly to the fact that a large proportion of the professed followers of Hahnemann, while cordially accepting his great principle of the law of the similars, have either receded to lower preparations of the remedies, or advanced to others much higher than the thirtieth, upon which—so far as his hitherto published writings show—he finally settled. And this same neglect of the Organon of Hahnemann no doubt results in part also from the ridicule thrown upon his *Psora* theory by people who had not brains enough to understand its real extent and significance; and in part, finally, from the rejection of his explanation of the mode in which medicines heal the sick by the very men who offer, instead, what they in their egotistical simplicity believe to be something better, but which is virtually the same as his, only differently expressed. All these earlier efforts for a scientific exposition of homœopathy were also made in its infancy, when the present extensive fruits of experience in all its varieties of application were entirely unknown. Undeterred, therefore, by former failures, our author—than whom no one could be better qualified—"endeavors to develop the idea which originally gave rise to the founding of the homœopathic school, and to establish this idea upon a basis of Scientific universality and exactness,"* And he justly claims that "every effort to demonstrate the scientific character of homœopathy and her perfect accord with the recent discoveries in the realm of physicism, more especially with the great doctrine of the correlation of forces, should be hailed as the dawn of a brighter day on the horizon of therapeutic truth."† Let us, therefore, follow the author, so far as our limits will permit, through the successive stages of his work, and give so much account of some portions of it as may awaken in our readers a desire to see and read the whole of it for themselves.

The entire work is divided into two sections: "Section First, A Critical Review of the Current Doctrines of the Homœopathic School," contains three chapters: "Introduction;" "Definitions of the Homœopathic Law of Cure, from the Stand-point of Vitalism;" "An Inquiry into the Possibility of a Scientific Classification of Drugs." Section Second is divided into four parts: "Inadequacy and Unreliability of Chemical Analysis as a Means of Determining the Therapeutic Powers of Drugs, and Establishing the Healing Art upon a Scientific Foundation;" "Presentation of the Homœopathic Law of Cure as a Cosmogonical Principle, and as the Basis of Therapeutic Science;" "Pathogenesis and Pathology, or Correlation of Artificially Developed Drug-Diseases and Natural Maladies;" "Conclusions."

* Preface.

† Chapter First; Introduction, p. XIII.

With evident sincerity our author mourns over "the characteristic distinctions which separate the literal followers of Hahnemann from the progressive cultivators of the science of homœopathy;"* but, while ranging himself in the ranks of the latter, and showing small mercy for those who are so unfortunate as to stand—as he imagines—opposed to him in the former, he seems to forget that it is only among the former—among the "faith-men," as he quaintly terms them—that he can expect to find any who will sympathize with him in those nobler portions of his work in which, with a free hand and a genius almost inspired, he advocates vitalism in physiology and medicine, and transcendentalism† in philosophy and religion, and attempts to account for the origin of evil by directly disclaiming it for, and indirectly attributing it to, the "living Divine Esse."

"Universal Nature, including the human organism as its most wonderful work of Creation, seems a living whole, because every molecular atom of it is permeated and interpenetrated by the life which it receives from the Divine Source. The life flowing into Nature from the Divine Esse is always pure, even when received at an immeasurable distance from its origin; it is the quality of the recipient form which causes the inflowing life to become a source of either good or evil. If this globe is infested with tigers and rattlesnakes and multitudinous evil creations, which are antagonistic to good and the high destiny which man has to accomplish upon his planet, it is because these forms of evil are inherent in the planet and its surrounding atmospheres, as molecular constituents out of which the living Esse fashions the concrete forms of evil which it is man's high mission and prerogative to subdue and finally to exterminate." Page 61.

The same practical inconsistency of statement, if not of belief, shows itself in other respects also; as regards the dose, for instance. On one page the author declares his "adherence to a belief in the boundless susceptibilities of the human organism, which enable it to perceive the curative influences even of the most refined preparations of our drugs;" on another he expresses his "emphatic condemnation of the so-called highest potencies." In some respects he is truly candid, and in all he seeks the strictly scientific. He is candid in recording brilliant cures made with the two-hundredth of Arsen., Ignat., Ipec., Nux vom. and Nitr. ac., in addition to others made with material doses. But where is the scientific element in his rejection of the "so-called highest potencies"—the one-hundred-thousandth, or even the millionth—*without adducing proofs* from experiment, on the practical side, to show their inefficacy, and without presenting any reasons, on the theoretical side, which shall convince the inquiring mind that a medicine admitted to possess healing virtues at the two-hundredth potency is to lose them at the two-hundred-and-first, or at any particular subsequent attenuation and dynamization? Equally indiscernible is the consistency of our author in repudiating "faith-men," and rejecting as chimerical cures wrought by the "so-called highest potencies," although they are solemnly attested by many honest physicians—his equals in medical skill if not in literary accomplishments—and then expecting his readers to follow him in his "system of deep philosophy and prac-

* Page XV., Introduction.

† "The term *transcendental* has been used in philosophy since the time of Kant, to designate those systems whose principles or fundamental ideas transcend the limits of possible experience."—*Editor of Am. Journal of Homœopathy*, Feb., 1835, p. 34.

tical therapeutics," and through his profound but far-fetched speculations as to when "the universal activity of man in the different departments of science, industry and art" shall be transformed "into a true reflex and perfect embodiment of his higher nature, even as this matured world constitutes the visible fulness of the Universe of Essences which never perish and forever spin the thread of creation from the unmeasured and unfathomable Eternity of God!"*

If we are to limit our belief in the reality of apparent phenomena to what we can fully understand, our objective creed will not prove burdensome to the weakest memory. The intelligent layman sees the flower unfolding day by day and is troubled by no scruples as to the witness of his own eyes, although entirely unable to explain the natural history or philosophy of the process going on before him. He is healed of a painful illness and knows as certainly that he has been healed, while still unacquainted with the name of the remedy his physician gave him, or while ignorant as to whether he received the third, the thirtieth or the hundred-thousandth potency of the medicine the doctor may have mentioned; and he knows just as little and just as much as his physician—that is just nothing at all—of the mode in which the remedy effected the cure. The fact of the cure is equally evident to both physician and patient—to the one from external observation, to the other from internal consciousness—nor is the latter's belief in his own restoration to health at all diminished on being informed by his physician (in whose honor as a man he has as much confidence as in his professional skill) that it was neither the third nor the thirtieth, but the one-hundred-thousandth of Lachesis which he received in a single dose only. Facts like these, multitudes of which are recorded in homœopathic publications, vouched for by the personal integrity of numerous intelligent and high-minded physicians, and which come home to the consciousness and satisfy the reason of intelligent men, our author rejects *because he cannot understand how they can be true*; while the most startling and wondrous conceptions in philosophy and theology, which—although they may all be absolutely true—would bewilder, if not actually craze, those of his readers who are endowed with no more than the average amount of common sense and spiritual insight, he asks and expects them to receive on his simple *ipse dixit*!

In the matter of the dose, Doctor Hempel may be said in general to occupy the common ground upon which very nearly the whole profession at present stands, viz.: that all the regular homœopathic preparations—the high as well as the low—are to be employed, each in its appropriate sphere, as indicated by the circumstances of the case to the practical judgment of the attending physician. But in a scientific point of view his cases of cures made by giving one-fifth grain doses of arsenious acid (two grain doses of the first decimal trituration) and those made by Baudin—if he did make any, which our author leaves to be inferred but does not affirm—by exhibiting two and four-fifths grains daily of the pure drug,† while furnishing remarkable examples of the tolerance of the human system for large quantities of poison in the presence of the corresponding natural disease, are open to serious objections when offered

* Pages 158, 159.

† Introduction, pages XVII., XXIV.

as proofs of the advantage of using such material, not to say massive doses.* These objections are founded upon our ignorance of what portion of those enormous doses is actually absorbed into the system, so as to contribute to the cure, and upon our equal uncertainty as to whether very much smaller doses might not have been similarly efficacious in the specified cases. The same objections are fully as pertinent to the cures made by the high potencies, such as our author reports. We know not but that in these particular instances, lower preparations than the 200th—the 30th, the 12th, or even the 6th, for example—would have proved curative and with no less promptness. The one comprehensive double fact which covers the entire field, and from which may be drawn conclusions at once substantial, satisfactory and free from the above stated and all other objections, is this: Many cases have been recorded in which the lower preparations have cured when the high had proved ineffectual, and, conversely, many cures have been reported—and with equally unimpeachable authentication—which were wrought by the high and even the highest potencies, after the low and lowest preparations of the same remedies had completely failed. This great double fact, never to be safely omitted in constructing the posology of a truly scientific homœopathy, our author has most unfortunately overlooked.

Like many another, our author falls into the very popular but equally unscientific fashion of speaking of disease as a distinct entity, as, "the enemy disease" which is to be stricken down, "the disease will run its course," etc. We think that no one more readily than Dr. Hempel would affirm with us, that there is no such thing as a disease (other than ideal) apart from the diseased individual, and that the practical physician finds, in reality, not so much a disease to be combated as a morbidly affected organism, or a sick person, to be healed. Even Dr. William Bayes, while quoting in his "Applied Homœopathy" such authorities as Bence Jones and T. K. Chambers, to show that "diseases are not catastrophes or separate entities, to be destroyed within, or to be ejected, like devils, without," and that "disease is in all cases not a positive existence, but a negative,"† and while commending Dr. Jones' view and himself defining disease as "a loss of equilibrium of action," gets confused by mixing up with it the "morbific cause," which he calls "an entity whose presence is the primary cause of the loss of balance." And Dr. Bayes is finally led still further astray when considering morbid causes that are self-limited in their operation; for here he inadvertently confounds the causes of the diseases with the diseases themselves, saying, "Diseases having a definite course, a period of incubation within the body, a period of gradual development, of maturity and decay, surely are entities." Whether as a writer or as a practitioner, the homœopath should ever bear in mind that, as the disorders recorded in the *Materia Medica* are but statements of

* "The *same quantity* of Quinine which the physiologist gives his patient, he finds excreted again in the urine to the very last particle of weight, and is not in the least astonished, though it cures for him, between its entrance and exit, a fever and ague."—*GRAVVOGLI*.

If Quinine exerts—as has been suggested—a purely catalytic action in curing persons ill with ague, so may Arsenic also act in a similar manner, and in other disorders as well as in this.

† He might have quoted Hahnemann to the same effect: "To presume that disease (non-surgical) is a peculiar and distinct something, residing in man, is a conceit which has rendered allopathy so pernicious." Title to § 12, *Organon*, p. 100.

abnormal or diseased conditions of the individual provers produced by the administration of drugs, so the natural disorders he has to treat are nothing more than abnormal or diseased conditions of the patients—whether produced by hereditary dyscrasia, by errors of life, by external influences, or by several of these causes combined.

Dr. Hempel's explanation of Hahnemann's much abused and misrepresented *Psora* theory is perfectly just and correct, while his eloquent advocacy of that vitalism in physiology and medical science in which Hahnemann showed himself far in advance of the age in which he lived, forms one of the most attractive features of this new work. No summary of ours—nothing, in short, save a thorough study of the Doctor's luminous pages—can convey any adequate idea of the beauty and triumphant thoroughness of his exposition and defence of homœopathy as compared with the physiological school of medicine. His interpretation of the law of the similars: "That the homœopathic remedial agent cures the disease, *because* the drug-force embodied in this agent is in relations of superior affinity to the natural morbid process going on in the tissues,"* may be accepted as a paraphrase, in the language of the present day, of the *similia similibus curantur*, which he terms the formula of *homœopathic art*. But in his added doctrine: "That the forces which create drugs are the very forces which develop diseases in the physiological tissues"—which he calls the formula of *homœopathic Science*—he plunges into mists of cosmological and biological speculation where none but the initiated can follow him, and where they are themselves lost to the view of the rest of mankind.

When we affirm that like cures like, we stand in the beaten track of practical experience. But when we undertake to explain the mode of cure, we embark on the wide sea of hypothesis with only reason to guide us to the desired haven of scientific truth. Dr. Hempel, following Hahnemann's "Geist der Homœopathischen Heillehre"—which was originally published in the second volume of the *Materia Medica Pura* (but, unfortunately, not included in the English translation), and an abbreviation of which constituted "The Characteristics of Homœopathia," by H. B. Gram, C.M.L., New York, 1825, a pamphlet now very rare and scarce, describes the mode of cure in these words: "The (homœopathic) drug acting more positively, more definitely, more concretely, as it were, the morbid process going on in the tissues will accommodate itself to the more limited and more external sphere of the drug, and gradually will cease altogether."† This, we must confess, is far from being clear, and in the following sentence our author seems to relegate us to a medical mysticism which would find itself at home in the mediæval ages: "No drug can act curatively upon a disease with which it is not in relations of affinity; it is this affinity which renders the homœopathic agent invincible, as it were, in its struggle with disease."‡ We can accept the simple, abundantly proved fact that like cures like. But we fail to see that any light is thrown upon the mode of the curative action of the remedy, or—which is the same thing—upon the scientific aspect of the question by asserting that a drug, which is admitted to be a distinct entity, is "in relations of affinity" with a disease which is assumed, *but not proved*, to be also a distinct entity. The plain facts of homœopathy show

* Introduction, p. XLIV.

† Page 64.

‡ Ibid.

that the disorders capable of being produced in the human system by certain drugs correspond, in a remarkable manner, to certain disorders arising in the system from natural causes, and that these drugs will cure in small doses diseases, or morbid states of the system, thus corresponding to those which they cause in large doses. But when we come to read "That the homœopathic remedial agent cures the disease, *because the drug-force embodied in this agent is in relations of superior affinity to the natural morbid process going on in the tissues,*"* it does seem that these are words that darken knowledge.

But the author appeals to Hahnemann, and to him *let us* turn, not without hope of finding in his much-neglected *Organon* some clearer light. It has been customary to say that Hahnemann accounted for the removal of the natural disease by its being displaced by a corresponding artificial one arising under the influence of the homœopathic remedy.† "But it (the medicine) produces its effects homœopathically in those parts of the organism that are already a prey to the irritation arising from the symptoms of the natural disease, and excites in them a *stronger medicinal affection which extinguishes and annihilates the other.*"‡ This is Hahnemann's description of the mode of operation of medicine as he understood it at the time. But elsewhere he has furnished a key to a more strictly scientific solution of this problem, and with which the above stated explanation is not really inconsistent. We quote merely the title of the § 66, page 131, of the *Organon*, as more clearly and concisely expressing the doctrine of the text: "It is only by the use of the minutest homœopathic doses that *the reaction of the vital power shows itself simply by restoring the equilibrium of health.*"

If now we leave out of view for a moment that idea of disease being a distinct entity—against which Hahnemann so earnestly protests, and which Hempel seems to make an indispensable part of his argument—and consider the human system in a state of sickness, we find it suffering under, or endeavoring to react against, certain injurious influences; and the reaction is contemporaneous with the suffering—for, as long as there is vital action, there must also be a vital reaction. Take the case of a nauseated stomach, which may be regarded either as a disordered vital action or as an established dyscrasia of that organ. Now let *Ipecac.* be given, or whatever other remedy may be homœopathically indicated, and a vital reaction is excited against the already existing nausea, which results in restoring the stomach to a state of health. Action and reaction are equal in physiology and in physics; and, just as warm applications in a case of inflammation excites a vital reaction against the increased heat, which results in a sensible diminution of the temperature of the part, so do cold applications forcibly applied in cases of freezing result in a vital reaction against cold, which produces an actual rise in the temperature of the affected limb. The conduct of the system towards food is that of reception; the conduct of the system towards medicine—which is poison—is that of reaction against it, at least when the quantity of the poison is not so great as to render all reaction impossible. And this reaction is made to correspond to the primary or the secondary symptoms of the drug, and so—on the one score or the other, according to the quantity of the dose administered—to exactly antagonize the already existing morbid condition.

* Introduction, p. XLIV.

† *Organon*, § 29, p. 107.

‡ *Organon*. By S. Hahnemann; third American edition, p. 175.

This we regard as a rational, physiological explanation of the mode of action of medicines in the system, virtually equivalent to that of Hahnemann, although expressed in different terms, and fairly founded on the *reaction-key* furnished by him with above quotations from the *Organon*. Nor does this account in the least conflict with Hempel's doctrine of affinity relation, which may be implied in the original statement that like cures like, but has in reality nothing to do with subsequent attempts to explain how the cure is wrought. But that which our author consigns to the region of mysticism we have sought to restore, with Hahnemann, to the domain of common sense as expressed in the physiological ideas of vital action and reaction.

But it is necessary to conclude our already very extended notice of this remarkable work, leaving unnoticed many important topics, and hoping that what we have said will stimulate all to read the book for themselves. For the author's sake we shall be gratified if he shall not be deemed to have attempted to prove the truth of homœopathy as an Art by other things still harder of belief, and shall not be accused of endeavoring to explain the difficulties and illuminate the obscurities of homœopathy as a Science by means of mysteries far more recondite, and by introducing into Medicine transcendental principles, which—though they *may* be true in themselves—are as much more incredible, as they are more difficult of apprehension to the generality of people and more profound in their essential nature. But even if the great mass of the profession should now find no "convenient season" for the study of themes so abstruse, and bestow upon his treatise the flippant criticism of England's "pedant king" upon Bacon's *Novum Organon*—"that like the peace of God it passed all understanding"—our Hempel may also remember how Lord Bacon could sustain his mighty spirit by keeping the "*times succeeding*" ever before his mind, and, as his last legacy, "leave his name and memory to foreign nations and to his own countrymen *after some time be passed over.*"

EDITORIAL NOTES.

THE THIRTY-FIRST ANNIVERSARY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. "What kind of a meeting did you have?" was the query which greeted every physician who attended the convention at Niagara Falls, from his brethren who stayed at home. And to this query, we would venture to wager, there went forth in every instance the answer, "a splendid meeting; one of the best if not the very best we have ever had." And this reply simply states the truth. The meeting was characterized by the number and *quality* of the attendants, by the attention paid to the business of the sessions and to the scientific discussions, by the number and kind of papers and essays presented, by the universal good feeling and absence of even any "slight unpleasantnesses," and by the social enjoyment of the assemblage during the hours between the meetings. The morning and evening sessions worked admirably, and the afternoons devoted to enjoyment, instead of interfering with the serious business of the convention, no doubt greatly contributed to the making of that serious business a pleasant and profitable work. Not a little of the success and pleasure of the meeting is attributable to the ability, dignity and courtesy of the presiding officer, Dr. J. J. Youlin.

The editor of this journal has heretofore availed himself of his position as General Secretary of the Institute to give his readers and his brethren of the homœopathic press a synopsis of the transactions of the Institute prepared from the phonographer's report. We do not propose to take the bloom from the proceedings of this session by furnishing a necessarily imperfect and severely abridged account in advance of the publication of the annual volume of "*Transactions*." The reports furnished the newspapers by the General Secretary are hastily prepared and are necessarily inaccurate and brief, and hence we will not reproduce them here. The preparation of the "*Transactions*," however, will be pushed with as much rapidity as will be consistent with accuracy, and the volume will be put to press so as to be out at an early day, *provided* members are prompt to settle with the Treasurer and place him in a position to safely contract a heavy printing bill.

The Institute adjourned to meet at Put-in Bay, on the second Tuesday of June, 1875. Dr. W. H. Holcombe, of New Orleans, is the President elect.

PITTSBURGH HOMŒOPATHIC HOSPITAL. With a great deal of pleasure we lay before our readers a brief account of the recent Annual Meeting of the Contributors to the Pittsburgh Homœopathic Hospital and Dispensary, condensed from an extended notice in the *Pittsburgh Chronicle*.

The eighth annual meeting of Contributors to the Homœopathic Hospital was held Tuesday, April 14th, at which a large assemblage of both ladies and gentlemen were present.

The meeting was called to order at half-past three o'clock by the President, Major William Frew, and was opened by Rev. Dr. F. A. Noble, who read an appropriate passage of scripture and lead in prayer.

The President then made some interesting remarks on the rise and progress of the Institution and the work it had accomplished.

The object of this large reunion, he said, is to talk over the affairs of the Hospital, what it had done, what it proposed doing, and withal to devise measures for its permanent support. He spoke of the fact that eighteen hundred sick and wounded men, women and children had been tenderly as well as skilfully treated. The Dispensary had accomplished an amount of good that was incalculable, showing an issuance of over thirty-three thousand prescriptions. * * * Of the cases treated twenty-five per cent. were surgical cases, many of them requiring the very highest skill in surgery. The death-rate in the eight years of the Institution's existence was six per cent., nearly fifty per cent. lower than any hospital practice in the country. * * * At the conclusion of his remarks Major Frew called upon the Rev. Dr. Noble to address the meeting.

Dr. Noble said he would like to have heard from others, but urged that the practical meaning of this gathering was that ways might be devised and means provided for the endowment of this very worthy Institution. He rejoiced in the success of such institutions as the legitimate outgrowth of Christianity. We regret not having space for a full report of this gentleman's remarks.

Report of the Executive Committee.

The President then called for the report of the Executive Committee, which was made through its chairman, Dr. J. C. Burgher. We make the following extracts from this interesting report :

Notwithstanding the stringency which has existed in monetary affairs, the contributors are congratulated on the financial condition of the Hospital.

The total expenses for the fiscal year which closed on the 31st of March, 1874, were \$8,444.76. The estimated expenses for the year on which we have now entered is eight thousand dollars, and the estimated income forty-five hundred dollars. Deducting the balance in the treasury, there will be a deficit of about three thousand dollars in meeting the next year's expenses. These estimates show the importance of devising some plan by which this ordinary outlay may be permanently provided for. Your committee suggests that a sum sufficient to meet all ordinary expenses be secured by annual subscriptions. The report goes on to speak further of the work accomplished by the Institution and its prospects for the future, and closes with the thanks of the committee to the various agencies which have contributed to the success of the Hospital and the comfort of its inmates.

The report of the Treasurer was submitted by Mr. Geo. W. Backofen. From it we learn that the total receipts for the year were \$10,784.19, and the drafts on the treasury \$9,595.52.

The Medical Board.

The report of the Medical Board was presented by the Secretary Dr. J. H. McClelland.

We take the following items from this report :

Medical Staff,—Drs. J. F. Cooper, C. P. Seip, W. F. Edmundson and C. F. Bingham.

Surgical Staff,—Drs. J. C. Burgher, L. H. Willard and J. H. McClelland.

There have been treated in the Hospital wards during the year 323 cases. Of these 209 were medical, 83 surgical, and 31 in the lying-in ward. The daily average in the Hospital was nearly 23, and the average time each patient remained was twenty-five days. About two-thirds of the inmates were men, and about the same proportion were charity patients.

The mortality was larger than previous years, somewhat less than seven and a half per cent. The following analysis will show that it could not have been much less under the circumstances. Five deaths were from phthisis pulmonalis, four from injuries necessarily fatal and two from the direct effects of alcoholic drinks. There were three deaths from typhoid fever, the chances of recovery in each case having been much decreased by previous exposure and poor living. There was one death from each of the following: Typhoid pneumonia, cancer of stomach, degeneration of the spleen, whiskey and asthma, pernicious intermittent brain fever, erysipelas, enteroperitonitis, hemoptysis, and one was an infant two days old. This makes twenty-four in all.

From the Dispensary 7,300 prescriptions were issued and over 1,500 visits were made by the Dispensary staff to the homes of indigent persons.

Accompanying this report are tabular statements and a general summary, which appear in the annual report of the Institution.

Trustees were then chosen, who elected the following officers: President, William Frew; Vice Presidents, Geo. Bingham and M. K. Moorhead; Treasurer, Geo. W. Backofen; Secretary, J. H. McClelland.

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A TREATISE
ON
DISEASES OF THE SKIN.

PART FIRST.

CHAPTER I.

It has been remarked by Hebra, in regard to the treatment of diseases of the skin, that he who is always changing his plan of treatment is sure not to attain his object as quickly as one who steadily and patiently applies whatever remedy seems to be best suited to the case. If such a proposition is acknowledged by the physicians of the old school as an axiom in the treatment of skin diseases, how much more sensible and valuable must it appear to practitioners of the homœopathic school, since it is one of the fundamental principles of the homœopathic method, in the treatment of all diseases. Each remedy should be allowed its full time of action, without interference or repetition; and this rule is as applicable in the treatment of the diseases here to be considered, as in any other of the many pathological processes to which human flesh is heir.

That both local and constitutional treatment are necessary for the cure of cutaneous diseases, is now acknowledged by most dermatologists; and we readily endorse the employment of local treatment, especially in that class of diseases which are due to the existence of fungi or animalcules. The employment of local measures has

been to too great an extent denounced as heterodox; but we are of the opinion that members of our school will do well if they do not too persistently neglect them. Without denying the possible danger of metastasis, we believe that in very many if not in most instances it is a mere bug-bear. And although Hahnemann and his immediate followers raised their voices against the local use of remedies,—perhaps for the reason that German dermatologists leaned too much towards local treatment,—we still regard it as a step in advance to resort to such treatment in these cases. It will frequently be found that the simultaneous internal and external use of a medicine will be followed by the greatest benefit, in cases where its use either internally or externally alone might be followed by little or no beneficial effects.

In regard to the *classification* of diseases of the skin, it may be bewilderingly asked: “Which dermatologist will you follow?” We have Hebra, Wilson, Neumann, Fox, Neligan, Willan, Hardy, and a host of others, each of whom is presumed to be an authority, while the nomenclature and classification of each differs from that of all the others. We cannot help remarking here, in view of this Babel of nomenclature: How much better is it to know only diseased states, and to avoid being carried away by the delusion of a name? Too many of the zymotic diseases have been classed by writers with diseases of the skin, when in fact the cutaneous manifestation accompanying them is a mere accidental circumstance, since they may run their course even to a fatal termination without any cutaneous manifestation whatever. We shall omit all such diseases, inasmuch as the consideration of zymotic affections belongs to another branch of pathology.

Having once been interrogated as to which classification we preferred, the reply was that we had found in the various stages of variola vera, exemplifications of the va-

rious forms of skin diseases, and that we were of the opinion that such a classification was simple and at the same time practical. We shall therefore adhere to this classification into *erythematous*, *papular*, *vesicular* and *pustular* diseases, so far as it is possible to do so, in considering the various forms of cutaneous affections of which we propose to treat.

I. ERYTHEMATOUS DISEASES OF THE SKIN.

Erythema.

Erythema, being a mere hyperæmia of the skin, makes itself objectively known by redness and swelling of the skin, the temperature of which is also somewhat increased, and subjectively, sometimes, by a sensation of burning and itching. It may be either idiopathic (*e. g. E. traumaticum, caloricum, venenatum*) or symptomatic. The latter variety also passes under the name of *ROSEOLA*. Thus we have a *R. variolosa*, appearing on the second day of the disease, especially near the flexures of the joints, and lasting from twelve to twenty-four hours; a *R. vaccinia*, following vaccination about the ninth or tenth day and sometimes spreading from the arm to other parts; a *R. infantilis*, frequently setting in during dentition in the form of small, sharply-circumscribed red spots, which quickly disappear without producing much systemic disturbance; a *R. aestiva*, frequently caused by gastric disorders during hot weather.

In *idiopathic erythema*, on the contrary, we have, in addition to the redness, a swelling of the integument (exudation into the derma). Hence we find it subdivided into *Erythema nodosum*, *E. papulatum*, *E. annulare*, *E. marginatum*, etc.

Treatment. The treatment in most cases is very simple. In idiopathic erythema remove the cause, and in the symptomatic variety treat the diseased state which gave rise to it.

Urticaria.

Urticaria or Nettle-rash is closely allied to erythema, Hebra gives as characteristic symptoms: *White or red wheals (pomphi) with the sensation of burning and itching (as after touching nettles), sudden eruption, sudden disappearance, usually without desquamation.*

We distinguish an *acute and a chronic form*. The former manifests itself as *febris urticata* by general malaise, hebitude, frequent pulse and gastric symptoms, or it may set in without any general symptoms. The whole eruption may come out suddenly, or the wheals may appear in gradual or rapid succession, or they disappear from one place and appear in another. Wheals vary much in form, size and color; some have a depression in the centre, but each wheal is always surrounded by a red halo. In some cases we find extensive red patches containing several wheals. The more extensive the eruption, the severer the itching and burning will be. Microscopically examined, Neumann considers a wheal to be an oedematous swelling of the papillary layer of the cutis with local anæmia.

Afebrile urticaria may exist for weeks and even months, constantly renewing itself at shorter or longer intervals on different regions of the body. It is, in fact, not a chronic disease, but rather makes a succession of reappearances.

Several varieties of Urticaria have been described, but they are merely different aspects of the same disease. Thus, where the wheals are large and hard it is termed *Urticaria tuberosa*; where they are small and knotty,

Urticaria papulosa; and where the wheals have small vesicles upon them, *Urticaria vesiculosa*, etc.

The *causes* of these eruptions are numerous and in some cases apparently undiscoverable. The contact with nettles and with some kinds of caterpillars and mollusks; the bites of fleas, bed-bugs, mosquitoes; the sting of bees; scratching with the finger-nails; the application of any resinous drug to the skin; the action of atmospheric air on a tender skin in the spring and fall of the year; intestinal irritation from eating strawberries, crabs, clams, muscles, fish during their spawning season, mushrooms, pork and some kinds of sausages, honey, green cucumbers, etc.; severe mental emotions, as fright, anger, etc.; uterine irritation during pregnancy, menstruation, different uterine diseases with their hysterical states, have all been set down as exciting causes of this troublesome disease. Some authors consider urticaria to be a neuralgia of the skin. Hebra observed it as a consequence of helminthiasis.

Treatment. *Tolle causam*, whenever it is possible. Many cases depend on a sympathy with the digestive organs, and this idiosyncrasy of certain individuals, when discovered, should be remedied by the individual abstaining from such articles of diet as are found to produce the urticaria. Food which will produce it in one person may be perfectly harmless to another; but any person is liable to be affected by some particular substance. In some cases a strict vegetable or milk diet has been found sufficient to cure the disease.

Local applications appear to be of little service. Sponging with dilute vinegar is often grateful to the patient. Tepid baths (85° to 90°) of boiled wheat-bran may diminish the annoying itching and burning. Where the eruption sets in with the character of a neurosis and in outspoken paroxysms, sea-bathing will be found beneficial.

The totality of the symptoms will indicate the remedy,

the eruption itself giving no therapeutic hint. The old school praise Arsenic in chronic cases without gastro-enteric symptoms, and Quinine where marked periodicity prevails.

Kafka (*Hom. Therapy*, I. 401) recommends for chronic urticaria: *Sulph.*, *Calc. carb.*, *Hepar*, *Arsen.*, *Sepia*, *Lycop.*, *Natr. mur.*

Aconite. Great heat, thirst, frequent pulse, malaise, sleeplessness, fear or fright, indicate this remedy.

Bryonia. Atmospheric influence, with simultaneous rheumatic articular pains, nightly exacerbations and sleeplessness, worse from motion.

Rhus tox. Atmospheric cold and damp, burning of the affected cutis, dry heat of surface with dry tongue, nightly delirium. Vesicular urticaria.

Where gastric catarrhs prevail, *Nux vom.* and *Ant. tart.* In chronic cases, *Sepia* or *Natr. mur.* *Pulsat.* or *Dulc.* find their indication in intestinal catarrhs with mucous stools and tenesmus. For *Dulc.* we also have itching of the skin, with burning after scratching, griping pains in the bowels, with nausea and diarrhœa, after taking cold, the stools being watery. *Arsen.* (burning, chills and fever) or *Phosph.* are preferable. Helminthiasis will lead us to think of *Cina* or *Sulph.*

When caused by uterine diseases, *Apis*, *Bellad.*, *Kali carb.*, *Pulsat.*, *Sepia*, *Ustil. maid.* may be indicated.

Apis: Stinging-burning over the whole body, passing off after sleeping soundly; sudden stinging sensation over the whole body with white and red spots in the palms of the hands, on the arms and feet, on the head and nape of the neck; uterine catarrh.

Ustilago maid. Terrible itching at night; menstrual irregularities from ovarian irritation.

Where an erythema or an urticaria is of neurotic origin, *Chloral* deserves consideration, as its application has

been followed by red spots (erythema fugax) on different parts of the face.

II. PAPULAR DISEASES OF THE SKIN.

Lichen.

Hebra acknowledges only two species of Lichen, viz., *Lichen scrofulosus* (by some called *Strophulus*) and *Lichen exudativus ruber*.

Lichen scrofulosus or *Strophulus* consists in a dermatitis forming conical pimples in groups. Fine, dirty-brownish papules, consisting of a mass of epidermis, seated at the openings of the hair-sacs, arranged more or less in circles or segments of circles, and generally located on the trunk. They never contain fluid, and are always covered with scales; there is little or no itching; they remain unchanged for some time and after their disappearance they leave behind some scattered pigment spots, and here and there an acne-like tubercle or pustule. It mostly attacks the trunk, more rarely the extremities, and is more frequently observed among children than in grown persons. Neumann report some case where the face and hairy scalp were covered by the efflorescence. Cases have also been observed among children where the eruption was only on the extremities, leaving the trunk free; whereas in grown persons the extremities will only be attacked after the trunk becomes diseased. Scrofulosis (glandular affections, ulcers, bone-diseases, tuberculosis) is its sole cause, and neither season or occupation have any influence over it. It is most frequently found in males between fifteen and twenty-five years old, and in such cases it will be advisable to examine closely the apices of the lungs; whereas in children the mesenteric glands are more frequently affected.

Treatment. Cod liver oil externally and internally is, by the old school, considered as the panacea for this erup-

tion. We must consider the constitutional dyscrasia in its totality, and select the remedy according to the individuality of the case. Hygiene is of the greatest importance. We must improve the food and the air with which the patient is supplied if we wish to eradicate the evil.

Lichen exudativus ruber. We copy Jeffries (*Diseases of the Skin*, p. 22), who copies Hebra, in giving a description of this disease. Lichen exudativus ruber is an eruption of miliary papules; at first distinct and covered with a thin scale, causing but little itching. They are of a reddish color, and once formed do not increase in size, but the increase of their number causes them to unite into large patches, red, infiltrated and covered with scales. These changes take place at separate and distinct spots, finally occupying large tracts on the whole body. The cutis becomes of twice its ordinary thickness; the motion of the joints is impeded; fissures cover the joints from which blood flows to form crusts, etc. The nails become affected, thickened, rough and brittle. The hairs of the head, axillæ and pubes are not affected; on the rest of the body they are reduced to a mere lanugo. There is itching when the disease is extensive, but not before. The patient, as the affection occupies large tracts of the integument, becomes broken down, nutrition is weakened, and with great marasmus there is generally a fatal termination. All attributed causes are but surmises. The age most liable so far as reported is from fifteen to forty years. It almost invariably attacks the male sex.

Neumann's microscopical examinations give the following result: The epidermic cells are heaped up in large masses, with fine granular contents. The cells of the rete Malpighii are sometimes grouped and sometimes alone, and send out thick, broad and long prolongations between the papillæ; around these latter, here and there, are brown pigment cells. The papillæ are enlarged and filled with a set of elastic fibres more numerous than nor-

mal, as is also the case throughout the whole cutis. The vessels are dilated, as are also their twigs in the papillæ. Arteries and veins in the deeper layers of the corium are tortuous. Along the vessels are numerous cell-growths, increasing their diameter and thus filling up the papillæ. The openings of the sweat glands are dilated in a funnel-shaped manner, and are filled with numerous epidermic cells. The sebaceous glands are few and probably destroyed. The external sheath of the root of the hair shows a peculiar appearance: composed naturally of nucleated cells more numerous around the shaft than at the bottom of the follicle, in this disease *the reverse is found*. The follicle is dilated by these cells into regular teat-like diverticula resembling an acinous gland, showing, however, nothing else abnormal. The root of the hair is stubbed like a brush.

Prognosis is more favorable in lichen ruber dispersus than in universalis, where marasmus threatens the life of the patient.

Treatment. Hebra had good results from *Arsenic* in doses of one tenth of a grain to one grain a day. Every other remedy failed in his hands.

Kafka advises for lichen ruber dispersus, *Iodine, Sulph., Iodide of Sulph.*, two doses daily; and for lichen ruber universalis, on account of the threatening marasmus, *Chinin. arsen.*, *Phosph.* or *Arsen.*

The lichen agrius and lichen simplex of Willan are not genuine lichens, but rather belong to the eczematous diseases; and the remedies mentioned by Jahr and Russel will be therefore enumerated under eczema.

In lichen ruber we have also great confidence in *Arsenicum*, for among its symptoms we read: the skin of the body peels off in large scales; painfulness of the skin all over the body; miliary eruption, scaling off; discoloration of the nails; marasmus from weakened nutrition. *Sarsaparilla* promises well in this rare but dangerous dis-

case. We find among its symptoms: dry, itch-like eruptions, with emaciation; dry cutaneous eruptions; hardness of skin; cracks of skin; emaciation, with shrivelled skin, etc.

As an external application for softening the skin, *Glycerine* is recommended by many authors, and it may be advisable to use it, if only to prevent a resort to injurious applications.

Prurigo.

To Hebra belongs the credit of having marked the distinctions existing between prurigo and pruritus. Pruritus is a hyperæsthesia of cutaneous nerves frequently a mere reflex symptom or caused by the presence of some animal parasite; whereas true prurigo is a fearful and often incurable disease. An essential difference between these diseases consists in this, that prurigo manifests itself by the eruption of abundant intensely itching knots, whereas in pruritus no alterations of the skin are visible to the naked eye. The knots of prurigo are generally noticed on the exterior sides of the lower and upper extremities; but less often and less observable on the trunk. As these knots of prurigo demand constant scratching from the intense itching they cause, we usually find their summits wounded and covered with a crust from the issue of a drop of blood, and further changes due to the never-ceasing scratching are, pigmentation up to almost negro blackness, thickening, roughness, dryness and furrowing of the common integument. The head always remains free, the hair dull and dry: the face is but rarely affected but pale and unhealthy. The constant scratching produces an artificial eczema and also a marked swelling of the inguinal and crural glands.

Prurigo is not uncommon in childhood, but pruritus is proportionally far more common in old age.

Neumann describes these papules as consisting of cir-

circumscribed cell-proliferations in the papillæ, accompanied by an exudation, not extending to any elementary form, which elevates the epidermis. The rete and epidermis are more developed and pigmented. The papillæ and cutis are enlarged and thickened with connective tissue; the outer root-sheaths are strongly developed and the hair follicles have club-like distensions.

Prognosis is more favorable in children and young persons than in older ones. Prurigo senilis often withstands all treatment.

Treatment. Cold effusions, sea-bathing, salt-baths, sulphur-soap, sulphur and sand soap, sulphur ointments, sublimate-baths, alcoholic lotions, veratria, chloroform, and tar-ointment are used as palliatives by the old school. *Arsenic* and *Carbolic acid* have been used internally and externally with benefit. Prof. Rothmund recommends hypodermic injections of carbolic acid (four grains to the ounce).

Kafka (II, 457) considers *Mercurius* a close simile to prurigo. *Sulphur*, *Silic*, *Iod.*, *Lycopod.* and *Mezereum* may be indicated in certain cases.

Indications for *Iodine* are: Old, neglected cases; knots standing closely together, the surrounding skin full of brown pigment, thickened and covered with scales; irrepressible itching at night, producing constant sleeplessness and constant scratching; cachectic features, emaciation and dyspepsia. In similar cases he also used *Ioduretum sulph.* or *Lycopod* with benefit.

Silicia brought on improvement in a case where the patient during the nightly itching had the sensation as if ants crawled about under his skin.

Mezereum relieved a case of unbearable, nightly, burning itching.

Bæhr (II, 591) recommends: *Sulphur*, *Scpia*, *Arsen.*, *Calc. carb.*, *Plumb.*, pro re nata.

Jahr: *Bryon*, *Calc.*, *Carb. veg.*, *Caustic.*, *Coccul.*,

Conium, Graphit., Lycopod., *Merc.*, *Natr. mur.*, *Nitr. ac.*, *Nux vom.*, Oleand., Opium, Phosphor., Pulsat., *Rhus tox.*, *Sepia*, *Silic.*, *Sulphur*, Thuya. But Jahr does not discriminate closely between prurigo and pruritus.

Hale recommends for prurigo: Aloes, Apocyn. and., Collinson., Carb. ac., Ham. virg., Populus (perhaps also Rumex); but we consider them rather as good remedies for reflex pruritus than for genuine prurigo.

It is important that the nails be kept closely cut or that the hands be muffled especially during the night.

III. SQUAMOUS DISEASES OR SCALY ERUPTIONS OF THE SKIN.

Psoriasis (Lepra).

The essential nature of psoriasis consists in an excessive growth of epidermis, or in a proliferation of the epidermic cells, and their accumulation upon circumscribed spots, at which the papillæ of the corium are hypertrophied. It is an inflammatory process of the upper layer of the corium and the papillæ, accompanied with greatly increased cell-growth, and with which the papillæ are considerably enlarged from the very beginning of the disease.

Psoriasis commences by the appearance of spots of the size of a pin's head, of a whitish color, which are due to accumulation of epidermic scales, heaped up on each other, loosened from their connection with the cutis, and commonly originating at the orifices of hair-follicles. (Hebra.) A characteristic of Psoriasis is, that these fine mealy scales keep³ their white color and hardly ever become dirty, and when scratched off with the nails leave a dry, red spot, very little elevated, on which some points of blood are seen.

These spots (*psoriasis punctata*) increase slowly, and acquire in a short time the size of a lentil, and the appearance of a drop of mortar (*psoriasis guttata*). Simultaneously with the growth of the first crop, others of the same kind present themselves in the intervening spaces of skin. By their extension larger spots are produced, attaining the size of different coins (*psoriasis circumscripta* or *nummularis*). As the disease goes on, different patches approach each other and become fused into one, giving rise to irregular shapes and sizes; and thus a very large extent of the body may be involved (*psoriasis diffusa*).

Where the eruption involves only a limited extent of space, the epidermic scales may become loosened and fall off, leaving bright-red, slightly elevated spots; or we notice only a partial desquamation, especially in the middle of single circular patches, giving rise to *psoriasis orbicularis* (lepra Willani, psoriasis lepræformis).

By the blending together of numerous smaller patches, differently arranged, a variety of irregular forms are produced. When they take a serpentine form the disease is called *psoriasis gyrata*.

Psoriasis does not remain constant to any of these stages, but passes either into the process of retrogression and cure or it remains in *statu quo*, from time to time undergoing exacerbations. In some cases all these different stages may be witnessed at the same time. As the disease subsides, the epidermic scales fall off and leave roundish, red spots, not much elevated. These gradually lose their color, become pale, and at length the skin regains once more its normal aspect. As long as exacerbations take place, a cure is out of the question.

Only at the beginning of psoriasis an itching sensation takes place, whereas the largely developed patches hardly ever cause itching. During the periods of exacerbation itching likewise occurs. All parts of the body the face

and the limbs are liable to be invaded. The elbows and the knees are the points most frequently attacked, and in cases of general psoriasis the disease is most persistent in these situations.

According to its extent, psoriasis is local or general. It may become complicated with most diverse diseases. It is always a disease of nutrition of the skin, arising from tissue irritation, which may be aggravated or perpetuated by an unhealthy state of the blood. Its most frequent accompaniment is neuralgia, especially of the fingers and toes.

Psoriasis is not contagious, is very rarely fatal, and is, in general, amenable to proper treatment. It may occur as early as the sixth year of life; very exceptionally before that time. The most common ages for it to appear are between twelve and thirty. It may occur under very varying conditions and the cause not be known. Hebra has seen it amongst the high and the low, the rich and the poor, the clean and the dirty, the fat and the lean, and in all its phases in all these. Patients with psoriasis not very unfrequently say they feel in better health when the rash is out than when they are free from eruption.

Treatment. Tilbury Fox (*Practitioner*, March, 1871,) concludes that in the early stages of every case of psoriasis, especially in the young, where congestion is marked, and especially where the disease shows a tendency to spread and to develop itself in new places, the skin should not be stimulated, but simply soothed, the object being to diminish, prevent and dispel congestion, through the agency of which the disease is enabled to spread and develop, at the same time making use of appropriate internal remedies. In these cases water-dressing and wet packing are of much value. Alkaline and bran baths, with inunctions of oil, prepare the way for a more effective remedial treatment, but so long as fresh spots are appearing, as a rule,

he withholds tarry preparations, which are indicated when the disease becomes more chronic, in order to check the cell-proliferation without stimulating the skin.

Kafka (II., 427) begins his treatment with a dose of *Sulphur*⁶ every evening till the itching ceases, which usually takes place in two or three weeks. After this preparatory treatment he gives *Sepia*⁶, one dose daily for seven days, and then a free interval for three or four days. Then again *Sepia*⁵ in the same manner, followed by the same interval, then *Sepia*⁴, and then after giving the third potency, if the psoriasis is not entirely removed he descends to the first dilution, and if the cure is not then completed, ascends the scale again in the same manner, up to the sixth dilution. It takes from three to four months to eradicate psoriasis inveterata. During the whole time of treatment the patient must abstain from all spiced or acid food, and from all heating or alcoholic beverages. After the alkaline bath and after the rubbing with soap, the patient ought to remain in a warm room till the body is cooled down.

Hughes (*Therapeutics*, 465) has seen it, in its *most recent form* and especially when affecting the hands, yield very rapidly to *Merc. sol.* Even when chronic, much good is obtained from this remedy, but too often *Arsenic* will be necessary to complete the cure.

Dr. Richards (*N. A. J. of H.*, Vol. 16,) cured a case of eight years standing with *Merc. sol.*⁶.

Dr. Nankivell (*Hom. World*, IV., 74,) reports a bad case of a year's standing, with chaps and rhagades between the fingers, which readily bled, cured with Petroleum³ and Sulphur³⁰, given at different times. (A palmar skin disease, but was it psoriasis?)

H. Goullon, Jr. (*Record*, 1871) reports a case of an eruption on the nape of the neck, dry, *peeling in fine mealy scales*, but *without itching* (did it itch at the commence-

ment, and how long had the disease lasted when it came under treatment?) cured by *Graphites*.

Dr. Arcularius (*N. A. J. of H.*, XIX, 414) cured two cases of *psoriasis guttata* (raised, circular, reddish spots, and covered with scales, especially upon the prominences of the knee as well as the elbow, anæmia with evident debility) with *Arsen.*³⁰, and one case of *psoriasis lepræformis* (itching eruption, irregular round patches with depressed centre and scaly circumference) with *Sulph.*³⁰ followed by *Arsen.*³⁰. No external application was used.

Bæhr (II, 496) recommends *Sulph.*, *Phosph.*, *Sepia*, *Petrol.*, *Calc. carb.*, *Nitr. ac.*, *Phosph. ac.*, *Arsen.* and *Tellur.* The turkish-bath may be always taken with benefit, combined with the rough application of soap. He also considers cold baths decidedly useful, although their beneficial results may not be seen immediately.

Jahr (*Symptomen Codex*, II, 18.) mentions as corresponding remedies: *Arsen.*, *Calc. carb.*, *Cicut.*, *Clemat.*, *Dulcam.*, *Graphit.*, *Lycop.*, *Mur. ac.*, *Rhus tox.*, *Sepia*, *Sulph.*

Raue: *Arsen.*, *Calc. carb.*, *Clemat.*, *Corall.*, *Nitr. ac.*, *Petrol.*, *Phosph.*, *Psorin.*, *Sepia*, *Sulph.*, *Tellur.*

Hale; *Arsen. jod.*, in the third trituration, will often give better results in *psoriasis inveterata* than any other preparation of Arsenicum. *Iris vers.* (irregular patches on knees, elbows, and all over the body, covered with shining scales, edges slightly raised and irregular). *Nuphar lutea* (eruption resembling psoriasis, violent itching). *Phytolacca* (squamous eruptions).

Pityriasis.

Ptyriasis rubra is an intense redness diffused over a large part of the skin, or even universal, disappearing beneath the pressure of the finger (when it gives place to a yellowish coloring), and accompanied by the presence of

fine, white, loosely-adherent scales, resulting from the constant shedding of the most superficial layer of the cuticle. There is no considerable infiltration of the cutis; no papules or vesicles are formed; no secretion is poured from the surface; the itching is slight and does not lead to the formation of excoriations; and lastly, particular regions of the body are rarely affected, the whole surface of the skin being generally attacked. It is very slow in its course, presenting very few changes. Perhaps for years the patients are not much affected, but they generally lose flesh and strength, and finally sink into marasmus. After death the redness disappears, and the microscope fails to give any definite results.

Treatment. Hebra tried external and internal medication, but failed in arresting the disease. Continued tepid baths (for hours), oils and emollient ointments, rendered the masses of epidermis more transparent and the skin more supple.

Kafka expects benefit from *Clemat.*³ or from *Oleand.*³⁻⁶, two doses per day, in combination with tepid bran-baths, as long as the process is limited to certain parts of the body. *Phosph.*⁶⁻³⁰ methodically applied, in connection with a strengthening diet might, perhaps, do something in universal pityriasis.

Bæhr (II., 494) considers as the most important remedies, *Graphit.* and *Arsen.* He never saw much benefit from *Lycop.* or *Sulph.* Where the nails degenerate, *Silic.* might be indicated.

Jahr (S. C. II., 18.) again recommends too many remedies to be of any value, as: *Agar.*, *Alum.*, *Arsen.*, *Aur.*, *Bryon.*, *Brom.*, *Calc.*, *Dulcam.*, *Graphit.*, *Kreos.*, *Laches.*, *Ledum*, *Lycop.*, *Merc.*, *Natr. mur.*, *Petrol.*, *Phosph.*, *Sepia*, *Silic.*, *Sulph.*, *Thuya*.

Hale: *Alnus* (?), *Arsen. jod.*, *Ampel.* (?), *Carb. ac.*, *Nuphar*, *Phytol.*, *Stilling* (?).

Ichthyosis.

True Ichthyosis is not due to any trouble with the sebaceous secretion. It is an hypertrophy of the skin, characterized by the formation of particles of epidermis, either white and thin or dark-colored, green, brown or even black and rough to the touch, particles which adhere firmly to the adjacent derma, and are marked by lines and deep furrows similar to but much deeper than those which exist on the sound skin. These segments are adherent at the centre and loose at the sides (*Ichthyosis simplex* or *Xeroderma*). A more advanced stage of the disease exhibits the epidermis heaped up in a much greater quantity and altered in form as well as in chemical composition; it acquires by an accumulation of pigment a darker color, and comes to resemble a serpent or other reptile on the bark of a tree. In rarer cases the epidermis is arranged in the form of spiculæ, so as to resemble the integument of a porcupine (*Hystricismus*, *Ichthyosis hystrix*). In some cases the epidermis is horny (*Ichthyosis corneæ*); in others the epidermic masses are shed periodically and again speedily accumulate.

The disease consists essentially in an hypertrophied and altered condition of the epidermis, with or without hypertrophy of the papillæ. The chemical constitution of the epidermic cells is altered; there has been formed an excess of the inorganic ingredients generally, with an excess of fat and a decided trace of iron, with phosphate and carbonate of lime and in some cases silica. In severer cases the hair-follicles are occluded and disappear, as well as the sebaceous glands; there is sometimes hypertrophy of the papillæ of the skin, and when the disease appears later in life general hypertrophy of the cutis vera.

Its causes are unknown. In some families the disease is hereditary, gets better during the years of puberty and in summer, but is usually aggravated during winter.

Severe forms of this disease frequently become complicated with eczemata, intertrigo, and morbid affections of the hair.

Ichthyosis congenita is observed in new-born babes and is incurable. Its course is painless, and may last through life without undermining the constitution.

Ichthyosis is either general or local. When general it avoids the palms of the hands, soles of the feet, the axillæ, the popliteal spaces and flexures of the arms. When local it affects especially the legs and the forearms near the elbows.

Treatment. Palliatives are: alkaline baths or vapor baths, with strong alkaline soaps to remove the scales; oil or glycerine rubbed into the skin afterwards will tend to make the skin more supple, though the scales are soon formed again.

Kafka recommends *Phosph.*, *Iod.*, *Aurum.*, pro re rata.

Bæhr: *Silic.*, *Sulph.*, *Calc. carb.*, *Lycop.*, *Arsen.*, *Aur.*, *Petrol.* (It is very doubtful whether any of these has any influence in this disease. Arsenic has been tried by the old school and failed.)

Jahr: *Coloc.*? *Hepar*? *Plumb.*?

Hale: *Alnus*? *Phytol.*? *Stilling.*?

Andouit (*Brit. J. of H.* XVI., 461), *Hydrocotyle asiatica*? Symptoms 150 and 151. "The skin becomes softer and thinner and again becomes sensitive. The skin becomes softer and smoother, the epidermis falls off in small scales, and in most cases in large crusts."

Raue: *Calc. carb.*, *Clemat.*, *Graphit.*? *Hepar*, *Lycop.*, *Petrol.*, *Plumb.*? *Sepia*? *Sulph.*, *Silic.*, *Thuya*?

VESICULAR DISEASES OF THE SKIN.

Miliaria and Sudamina.

These efflorescences are by many authors not regarded as cutaneous diseases, but as symptoms of definite general disorders. Neumann describes three species of miliaria:

1. *Miliaria rubra*. Nodules of the size of a pin's head, reddish at their base, with a minute vesicle at the top.

2. *Miliaria alba*. The epidermis is macerated, and the vesicle contains a milky, dull-colored (purulent) fluid.

3. *Miliaria crystallica*. The contents of the vesicle is transparent and bears some resemblance to a dew-drop.

Hebra considers the last only of these as true miliaria, which accompanies many febrile disorders such as acute rheumatism, typhus, puerperal fever, etc.; whereas the two first mentioned, in his opinion, should be termed *Sudamina* (*sudor*, sweat), as high degrees of temperature, causing increased perspiration and thus swelling of the excretory ducts of the perspiratory glands, produce them. In children hot fomentations sometimes produce a complete form of miliaria alba, in which the epidermis in patches is raised by a yellow exudation beneath it. The contents of one of these patches is without smell, has a neutral or weakly alkaline reaction, and according to chemical examination contains $N. H_4 Cl.$ (chloride of ammonium).

According to Haight, sudamina arise from the accumulation of sweat between the lamellæ of the epidermis. They usually last from two to seven days, yet there are cases recorded in which they remained for several weeks. The affection has no regular stages, like scarlatina, etc., but a large number of vesicles appear simultaneously and then in a few days a new crop may be developed.

The prognosis of miliaria crystallica depends upon the primary disease of which it forms a part. Formerly a sudden retrocession of the eruption was considered an unfavorable omen, but the truth of this is now denied by a great many close observers.

Treatment. Miliaria crystallina needs no special treatment. We should attend to the primary disease and advise our patients to cover themselves lightly and to sleep on mattresses (we trust the age of feather beds has

passed). Where there is an inclination to profuse sweating, Kafka recommends sponging with diluted vinegar every three, four or five hours, which strengthens the skin and may prevent the eruption. There is a foolish prejudice still existing against changing the linen of the patient and of the bed. A due regard for cleanliness can never be injurious, provided the changes be made with proper care, and the clean clothing be first properly aired and then dried and warmed.

Hughes (*Therapeutics*, 102) remarks, that the "mediæval sweating sickness has been observed by Dr. Aitken among the Orientals. He characterises it as a disease in which there is an eruption of innumerable minute pimples, with white summits, occurring in successive crops upon the skin of the trunk and extremities, preceded and accompanied by fever, anguish, oppression of breathing, copious sweats of a rank, *sour, fetid* odor peculiar to the disease. *Aconite* is said to have proved of great value in the 'sweating sickness,' and the symptoms show a very tolerable homœopathicity on its part to the disease. Wilson considers such a state as the consequence of a weak and exhausted condition, and if *Aconite* is indicated, we would prefer giving it in the mother tincture and quickly repeated, till reaction takes place."

We consider *Bryonia* rather the remedy for sudamina and miliaria, as it will more frequently than any other cover the symptoms of the primary disease, as also the idiopathic sweating-disease, if there is really such a disease. In fact most authors recommend the remedies used in typhoid conditions, such as *Arsen.*, *Bryon.*, *Rhus tox.*, *Laches.*, *Bellad.*, *Sulphur*, *Amm. carb.*, *Valerian*, etc. Allopathic authorities recommend *Acid. sulph. aromat.*, *Acid. phosph.*, etc.

Eczema.

This is one of the commonest of skin diseases. We have general and local, acute and chronic forms of the disease; and *faulty innervation*, leading to congestion and other disturbances of the circulation, is the most important element in their production. Fox (*Eczema, its nature and treatment*, 1870,) says the cause of eczema is multiple; it is perverted innervation as a *sine qua non*, but plus—not as causes but part causes or excitants, in a variety of combinations and varying frequency of coexistence—general debility, morbid states of the blood, strumous diathesis; local irritations of the most diverse kinds, diseases of important viscera, mental depression, etc.

Willan and Bateman define eczema as “an eruption of minute vesicles, not contagious, crowded together, and which from the absorption of the fluid they contain, form into thin flakes or crusts.”

Wilson regards it as an inflammation of the skin, accompanied with alteration of its structure and derangement of its functions; the skin being more *vascular* and consequently redder than in health, its vessels are in a state of congestion; its *sensibility* is morbidly increased, sometimes taking on the character of itching, tingling or smarting, and sometimes that of pain; it is *thickened* by infiltration of serum into its tissues, sometimes fissured and sometimes œdematous; it *exudes* a serous lymph at various times and in various quantities, sometimes excessively; its cuticle is sometimes raised into *papules*, sometimes into *vesicles*, sometimes wholly removed and is reproduced unhealthily so as to form muco-purulent secretions and squamæ of various sizes; and sometimes the cuticle is replaced by a *crust* of greater or less thickness, resulting from dessication of the morbid secretions.

The characteristic signs of eczema are: redness, itchiness, interstitial and sometimes subcutaneous thickening,

exudation, papulation, vesiculation, incrustation and desquamation.

Hebra does not restrict the term to a disease characterized by the formation of vesicles followed by desquamation of the epidermis, but includes in it all disorders of the skin which are attended in either their earlier or their later stages by the *presence of vesicles and serous discharge*. The identity of the different forms of eczematous eruptions may be proved by a simple experiment, viz., by rubbing an agent capable of producing artificial eczema once or repeatedly on different parts of the body, and the results may be found reducible to the following five principal forms: red elevations and vesicles produced by the first application; red exuding patches produced by the continued operation of the same irritation; pustules and crusts, arising from the metamorphosis of the elevation and vesicles; and finally, the red desquamating patches left after the removal of the forms of efflorescence. Such a view of the metamorphosis of eczema is far more plausible than is the view advanced by some dermatologists of the conversion of one disease into another—of eczema into impetigo, porrigo, tinea, pityriasis rubra and the like.

Milton (*Journal of Cutaneous Diseases*, July, 1869), on the contrary, considers the essential characteristic of eczema to be that of *discharging serum for an indefinite period of time*, but asserts that there are *no vesicles*, for, if we touch these so-called vesicles *gently* with a blunt-pointed glass rod, a minute drop of serum will be found adhering to it. The following, according to this author, appears to be the processes which ensue in all cases of a truly eczematous nature: A portion of skin becomes red, inflamed, irritable, stiff and itching, but rarely swollen, except when the complaint attacks the ear. The cuticle rapidly dies and is cast off or torn off by scratching. To this succeeds a discharge of serum, which seems to be

poured out by the sudoriparous ducts. When the process is slower, the falling off of the epidermis is succeeded by a cuticle thicker and coarser in its texture and gradually assuming the look of a soft scale. He acknowledges only an acute and a chronic form of the disease and considers all other subdivisions superfluous.

Neumann regards eczema as a skin disease which at first appears in the form of papules, vesicles or pustules, and which forms, in later stages, crusts, scales or infiltrations, under which a *red surface discharging fluid* may be present, or a *dry surface*. *Severe itching accompanies each form*. Tinea, porrigo, crusta lactea, crusta serpigiosa, impetigo, etc., are therefore only different stages of eczema according to seat and according to stage.

Etiology. Eczema may be idiopathic or symptomatic. *Idiopathic eczema* arises from direct irritation of the skin, as by the action of noxious ointments or oils, hot baths, too high a temperature, and by mechanical irritation of the skin, especially scratching with the finger-nails, pressure of clothing, bandages, trusses, etc. Persons with a tender white skin are more prone to eczema than individuals having much pigment. Varicose veins are also a frequent cause of eczema occurring on the lower extremities. *Symptomatic eczema* is the sequel of internal disorders. Thus we have eczema (of the face or hands) from dyspepsia or menstrual disturbances (very obstinate on account of frequent relapses); eczema from disorders of the renal function, as shown by the presence of *indican* in pathological quantities. Indican is supposed to be due to a retardation of the process of declension from the complex to the more simple of the products of function and secretion. This retardation is due to accumulation of urea and other products of waste in the blood, owing to deficient renal secretion, and urea has been detected in considerable amount in the serum of eczematous patients. Indican occurs in the urine in the reactionary

stages of cholera and in Bright's disease (*Lancet*, Feb. 1867). Neftel (*N. A. J. of H.*, Aug. 1873), considers indican in the urine as one of the most indubitable signs of internal cancerous deposit, which coloring matter is also occasionally found in typhus, cholera and other diseased conditions. We need not wonder, therefore, that eczema is also an accompaniment of the dyscratic diathesis of scrofulous and rachitic individuals.

Hereditary predisposition is acknowledged as a cause by some and denied by others. In many cases we will find it impossible to trace the disease to any cause. Most authorities are agreed in regarding eczema as non-contagious, although cases occur in which eczematous eruptions with profuse secretion attack the skin with which the exudation may happen to come into contact;—thus a nurse may take the disease from the babe she carries on her arm.

Anatomy. The anatomical changes which take place in cases of eczema vary according to its duration. The microscope detects no difference between the exuded gummy fluid and ordinary serum. The follicles, the papillæ and the upper layers of the corium are swollen in acute eczema, but this swelling disappears in the majority of cases. If the eczema is chronic, then the skin becomes thickened, the lines and furrows deepened, the papillæ enlarged so as to be visible to the naked eye. The older the eczema the larger the papules, and the greater the cell-proliferation in the corium, so that this sometimes reaches down into the deepest layers, even to the panniculus adiposus. The question as to the source from whence proceeds this cell-proliferation awaits a final decision. Some consider that the wandering cells come from the blood vessels, and regard the capillary congestion as the consequence of cell-activity. Others consider nerve-irritation as the means of inducing cell-proliferation. Others justly consider both factors at work, faulty innervation

as well as capillary congestion, in the production of these tissue-changes. French authorities cut the Gordian knot by accepting a "*dartrous diathesis*" (*dartre*, *tetter*), but fail to clear up the mist which still hangs over the histology of this as well as of many other forms of skin disease.

Prognosis. Eczema can be cured, but relapses are frequent. We must eradicate, if possible, the primary disease, if we wish to succeed in the eradication of the eruption. Nutrition and assimilation must become normal; they need special attention, and, in fact, if they are properly attended to and regulated, the skin may be left to take care of itself, apart from merely hygienic treatment. It is not a little singular that eczemata are more stubborn on some parts of the body than on others, as on hairy parts, on the eyelids, lips, hands, etc.

Treatment. It is an old superstition that eczema in children is a sign of good health, and an imposition to forbid its removal. Here, as elsewhere, the removal of the cause is the first indication of treatment, and if idiopathic this alone will suffice in many cases. In infancy and youth eczema appears more particularly on the head and face; in riper years on the chest and abdomen, but especially on the genital organs; and in advanced life on the lower extremities and about the margin of the anus (Rayer); which clearly denotes the symptomatic origin of most eczemata. While in infancy and adolescence psora (scrofula) demands our attention, we find the rheumatic, gouty and hæmorrhoidal affections prevail in riper years; and Trousseau in his clinical lectures remarks, that very frequently old people who are asthmatic have been afflicted in their youth with eruptions of an eczematous character, and nothing is more common than to find dartrous, rheumatic, gouty and hæmorrhoidal affections transform themselves into asthma.

Hebra, Neumann and Kafka do not fear metastasis to internal organs as a consequence of the removal of the

external disease, and in many cases rely exclusively on external treatment; whereas Devergie states that at a certain period of life eczema becomes a drain which must not be meddled with. Tilbury Fox considers the curing of long standing eruptions fraught with danger. Wilson recommends a counter discharge. Paget states that there is sufficient reason to believe that the cessation or cure of an established eczema has been attended with serious disease of the brain or other internal organs; and Rayer mentions a case where insanity followed the disappearance of the eruption. Further statistics are necessary to clear up this point, the evidence being not yet conclusive. Hebra's local treatment embraces the following means:

1. *Water*, in consequence of its temperature or by reason of its power to hold different substances in solution. *Hydropathic treatment is highly recommended.* Cold water, in the form of compresses, is beneficial in acute eczema, and hard water ought always to be boiled in order to free it from its salty components, which irritate the skin. A mild rain-douche sometimes brings temporary relief. As a solvent he uses it in combination with caustic potash (*Kali caustici*, *Aqua dest.* āā. part. æquales), but it must not be applied more than three times a week, with a pencil of lint, and then immediately washed off with warm water. In inveterate chronic cases such severe treatment is necessary.

2. *Fatty substances* serve for the removal of crusts and prevent the access of air, and are useful in cases where the skin is not too much infiltrated. The most useful preparations are: cod-liver oil, *oleum lini*, *oleum amygdalæ*, *oleum olivar*, *unguentum simplex*, *unguentum molle*, cold cream, etc. *Axung. porci* may be mixed with different astringents as *Oxid. zinci*, *Plumb. carb.*, *Merc. præc. alb.*, ʒ j to ʒ j of fat, or *Merc. præc. rub.* a grain to ʒ j. Carbolic acid, 1 or 2 grammes to 100 grammes of lard is

with some a favorite application, especially in acute cases, as it produces a pleasant feeling of coolness and renders the skin soft. Unguentum diachyli albi (Ol. olivar. 3 xv, Lithargyri 3 xxx, coque, l. a., in ung. molle, dein adde Ol. lavandul. 3 ij.) is a favorite application with some in all stages of eczema. Green soap (sapo viridis) may be used for rubbing on the affected parts, or in the form of paste applied on flannel. It is well to rub twice a day all affected places with soap and flannel. After every rubbing the soft soap should be fully washed off with tepid water and the parts then covered with cold compresses. The eczematous vesicles are thus destroyed, and the rubbings should be continued till the skin becomes dry and shining. The soap-paste is only indicated in strongly infiltrated eczema, in order to change it into an acute form and thus to produce an absorption of the exudation.

Tar in its different forms is suited best to the eczemata of hairy parts, as in other forms its application is too painful. Instead of the crude article, carbolic acid is now in fashion (acid carbol, 3 j, solve cum quant. suff. glycerine, ung. molle 3 ij — or, acid carbol. 3 ij, alcohol, glycerine, āā. 3 ij, aqua destill. 3 vi. The watery preparation is preferable in squamous eczema of the hairy scalp.

3. *Powders.* The most usual are: Amylum purum, Semen lycopodii, Pulv. oxyd. zinc., etc.

4. *Pressure.* Infiltrated eczemata need tight bandaging; but this can only be resorted to in eczemata attacking such parts as have an osseous support. Thus eczemata of the lower extremities are more easily cured if the salves or other medicaments are firmly pressed to the affected parts by a tight roller; eczemata on the hands by applying strips of adhesive plaster over the salves; infiltrations on the upper lip are frequently cured by applying permanent pressure with a piece of cork between the gum and the upper lip; chronic infiltration of the prepuce by the pressure of a metallic catheter introduced into the urethra.

We will hardly ever succeed in curing a case of eczema with one remedy, but according to the different stages different remedies may be indicated; age, constitution, occupation, even the parts affected will give us hints in the selection of the appropriate external and internal treatment.

Hughes considers *Rhus tox.*, *Croton*, *Mercur.* and *Arsen.*, the standard remedies for eczema.

Kafka advises in acute eczema, after removal of the cause, the internal application of Mercury or of Hepar. *Merc. sol.* in exuding vesicles with burning, stinging in the affected parts, and the surroundings easily inflamed after scratching; *Hepar* in purulent secretion with formation of crusts, with severe itching and scratching. Oedematous swellings, as of the eyelids, ear, penis, or scrotum, etc., and simultaneous swelling of the glands of the neck give no contraindication. *Mercur.* has sleeplessness before midnight, *Hepar* after midnight.

Arsenic. Dry, scaly eruption, sometimes fetid purulent secretion, with nightly burning and terrible itching, ameliorated by external heat.

Rhus tox. and *Ol. crotonis.* Hot, burning eczemata with copious discharge. *Rhus tox.* gives us also, burning, itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes, loins and anus, with swelling of the parts, and small, yellowish vesicles, which run into each other and become moist, the larger ones terminating in suppuration with red areolæ, the smaller ones drying up more rapidly and scaling off in a few days.

Ol. crotonis. Itching, followed by painful burning; pustules first of the size of a millet seed, afterwards growing larger, running into one another, oozing and lastly forming a gray-brown crust; swelling of the glands.

Graphites and *Calcaria carb.* Two to three doses daily for thick crusts with constant oozing, especially in eczema on and behind the ears, and in eczema scroti.

Chronic eczema is always based on some internal disor-

der, and the removal of the dyscrasia, with the application of suitable external medication, is the form of treatment to be pursued. We find it necessary in these cases to localize the eczema.

Eczema capillitii (dartre squameuse humide.) Groups of papules and vesicles standing solitary or spread all over the hairy scalp, discharging large quantities of fluid after they burst, which mat the hairs together and form flat and soft or thick and hard crusts, turning to a yellowish-brown by the admixture of blood from scratching, with constant oozing of fluid and breeding a large crop of lice. As the temperature of the head is increased, the discharge becomes foul-smelling. This eruption is very apt to spread over the face and down upon the neck. It is mostly an affection of childhood, frequently complicated with seborrhœa, with catarrh of the eyes and nose, or with cerebral congestion. It becomes obstinate through the constant breaking out of new efflorescences, and the hair falls out. Sometimes an eczema squamosum remains after the crusts fall off and the discharge has ceased, and large quantities of scales are formed on the still congested scalp, which constantly peel off (*dandruff*.) A condition such as this indicates, according to Kafka, *Mercur. sol.*³ or *Rhus tox.*³, two doses daily, where there is constant oozing from the vesicles, matting the hair and causing a burning itching; in more stubborn cases, *Arsen.*^{3,6} or *Lycop.*⁶; and where the glands are affected and other symptoms of scrofulosis are present, *Sulphur*⁶, *Calc. carb.*⁶ or *Conium*³; in rachitic patients, *Sulphur*⁶ or *Silic.*⁶

Papules and pustules, oozing constantly and drying up to form thick crusts, indicate *Hepar*⁶, *Calc. carb.*⁶ or *Graphit.*⁶

Simultaneous scrofulosis points to *Baryta carb.*⁶ *Calc. carb.*⁶, or *Sulphur*⁶. Rhachitis to *Silic.*⁶ or *Phosph.*^{3,6}

*Natr. mur.*⁶, two doses a day, is the remedy for eczema capillitii squamosum, using externally at the same time

a solution of table salt, one drachm to six ounces of water. The patient should remain in the room until the scalp is perfectly dry, after this application has been made. The loose scales are best removed by a soft fine comb.

Raue mentions the following medicaments: *Calcar.*, *Lycop.*, when the eruption yields a thick and mild secretion.

Arsen., *Natr. mur.*, *Rhus tox.*, when it looks angry and excoriated.

Baryt., *Graphit.*, *Natr. mur.*, *Rhus tox.*, when it causes falling out of the hair.

Lycop., *Psorinum*, when it smells very badly and lice are produced.

Natr. mur., when situated on the boundaries of the hair, on the nape of the neck.

Clematis, *Petroleum*, when on the neck and occiput.

Hepar sulph., when the eruption itches most in the morning when rising, with burning and smarting after scratching; likewise after external application of salves.

Clemat., *Graphit.*, *Hepar*, *Lycop.*, *Natr. mur.*, *Rhus tox.*, *Staphys.*, *Thuya* for moist eruptions.

Arsen., *Calc.*, *Mercur.*, *Sepia*, *Silic.*, *Sulphur* when dry crusts are formed.

Baehr gives *Mercur.* when there is great tendency to inflammation of lymphatic glands; *Baryta* when there is coexisting painless and non-acute inflammatory swelling of the lymphatic glands. He also mentions *Borax*, *Clemat.*, and according to Hartmann, *Dulcamara*.

Children during the second dentition sometimes suffer from an eczema on the boundaries of the hair on the nape of the neck, which, after getting well, makes frequent relapses, with swelling of the adjacent glands. For this condition he recommends *Calc. carb.*, *Dulcam.*, *Ol. croc.* and *Rhus tox.*

Hale advises *Carbol. ac.*, *Iris vers.*, *Rhus venen.*

On comparing the recommendations of these different authors we find seeming contradictions, which, however

serve to prove the truth of the old maxim, that we cannot prescribe by one symptom, but that the subjective as well as objective symptoms in their totality must be our guiding star in the selection of the homœopathic remedy.

Eczema faciale chronicum varies according to the parts affected. On the hairy parts of the face the oozing fluid dries up into yellow, brown or green crusts, matting the beard, and, after removal of the crusts, a red oozing or a red scaly surface remains. Where the disease lasts for some time, the bulbs of the hair are drawn into the diseased circle and pustules form, each of which appears to be perforated by a hair of the beard. They do not rise much above the level of the skin, dry up to solitary, separately standing, yellowish-green crusts, under which suppuration progresses from one hair bulb to another (*sycosis*.) This peculiar process has also been observed on the ciliæ, the superciliæ and the nostrils, not only causing falling out of the hair, but producing scars also.

Eczema palpebrarum exhibits redness and swelling of the eyelids, with excoriations and pustules in the neighborhood of the ciliæ, which become matted together and form yellow or grayish-yellow crusts.

Severe burning and itching accompanies this process, and the ciliæ will be destroyed. It is frequently associated with conjunctivitis, constituting the disease termed *psorophthalmia*.

At the roots of the hairs of the nostrils the pustules dry up to thick crusts, which sometimes close up the opening of the nostrils, and thereby cause an erysipelatous inflammation of the external cutis of the nose.

Eczema faciei. This may appear in all its varieties on the face. In children it usually attacks the cheeks, the forehead and the chin, and gives rise to the formation of crusts. It is then known as *crusta lactea*. Its characteristic symptoms are, redness, swelling, oozing and the formation of crusts. On the cheeks and forehead yellow crusts

form, having an appearance somewhat similar to dried honey; after some time they turn green or dark-brown from the admixture of blood. Terrible itching accompanies this eruption.

Eczema aurium is either ichorous, pustulous or squamous, and spreads over the whole ear or attacks only single parts. It occupies chiefly the fissure behind the ear, more rarely the lobes of the ear, or the meatus externus may become obstructed by the swelling, in which case the whole ear looks stiff and stands off from the head; the limpid ichor is seen to ooze from the follicles in separate drops and often with such rapidity that the discharge is really enormous, or the exudation quickly dries up into yellow crusts, under which accumulations of lymph or muco-purulent fluids are held.

Eczema naris spreads from the external cutis to the mucous membrane of the nose, whereby the nasal secretion is increased. It is mostly only a continuation of facial eczema, and although the discharge soon dries up into crusts, still it never produces ulceration or destruction of the underlying parts. The adjacent cheeks are frequently red and swollen.

Eczema oris et labiorum. The eruption is unsightly and troublesome, and often, from the extension of the cracks, very painful, and it is very slow and obstinate under treatment. Where rhagades exist, the skin is more or less thickened and condensed by serous infiltration.

Kafka cured a case of *eczema capillitii* in a grown person, after other remedies had failed, with *Mercurius præcipitatus ruber* internally and externally (gr. j to 3 ij. axungia), and he found the same treatment satisfactory for eczema attacking hairy parts, whether of the chin, the eyelids or the nostrils. Extraction of the hairs is necessary where pustules form around them, as they then discharge their contents and heal up under the use of the red precipitate.

Crusta lactea requires *Clematis*, *Ol. croton*, *Borax*, *Viola tricolor*.

Eczema auris. *Merc. sol.*, *Hepar*, and, where severe burning is felt and continuous scratching seems a necessity, *Rhus tox.*, *Arsen.* or *Carb. veg.* After the redness and heat are diminished, but the morbid secretion is still kept up, *Alumen* internally and externally may be of use.

But in these cases also, especially where crusts and fissures exist, the red precipitate is the most reliable prescription.

Raue mentions *Arsen.*, *Bellad.*, *Borax*, *Calc. carb.*, *Clemat.*, *Cicut.*, *Crot. tigl.*, *Cyclam.*, *Graphit.*, *Hepar*, *Lycop.*, *Mercur.*, *Natr. mur.*, *Rhus tox.*, *Sepia*, *Staphys.*, *Sulphur*.

Jahr advises *Arsen.*, *Calc. carb.*, *Calc. mur.*, *Cicut.*, *Graphit.*, *Lycop.*, *Mercur.*, *Rhus tox.*, *Sarsap.*, *Sepia*, *Sulphur*, *Viol. tr.*

Guernsey (*Obstetrics*. 2d. ed., p. 870) gives the following clinical indications for "*eczema capitis*," or *crusta lactea*:

Aconite. Much fever, restlessness, anguish; the parts much inflamed.

Arsenicum. Dry and scaly eruptions, with destruction of the hair in such places as are affected, leaving the scalp rough and dirty looking.

Baryta carb. Particularly when the cervical, submaxillary and parotid glands become swollen and hard.

Bryonia. Scalp is very tender so that the child cannot tolerate even a soft brush. In cases complicated with some other affection in which there is aggravation from motion.

Calc. carb. Leucophlegmatic temperament; eruption with thick scabs and yellow pus; stools of a chalky appearance, sometimes the eruption appears in the form of a ringworm.

Cicuta virosa. Thick, whitish scurfs on the chin and upper lip, with oozing; scurfs form on the nose.

Clematis. Dark, burning miliary eruption, with violent itching; a dampness constantly exudes from this which dries into scurfs as the disease spreads onward.

Dulcamara. Thick, brown herpetic crusts on the face, forehead, temples and chin, with reddish borders, bleeding when scratched.

Graphites. The eruption exudes a transparent, glutinous fluid, which causes the crusts to fall off—when more form, to fall again in turn,—meanwhile the eruption keeps spreading. Especially useful in eczema on the chin and behind the ears.

Hepar. Eruption spreads by means of new pimples appearing just beyond the main disease, which finally run together.

Jacea. Violent itching eruption, worse every night, and urine smelling like cat's urine.

Lycopodium. Eruption has a bad smell and bleeds easily.

Mercur. sol. Much salivation and scorbutic gums.

Phytolacca dec. Moist eruption, itching fearfully, with little raw tubercles on scalp, face and arms.

Psorine. Intractable cases.

Rhus tox. A bright edge of inflammation surrounds every portion of the eruption; much itching at night.

Sarsaparilla. The entire base of the eruption is much inflamed; the child cries much and is uneasy; the crusts become detached in the open air and the adjoining skin chapped.

Sepia. Moist eruption, constantly discharging pus-like matter; the child often jerks its head to and fro.

Staphysagria. The scabs are yellow, moist, *offensive* and itch violently.

Sulphur. The eruption extends more or less over the whole body, with much itching, although the main affection appears on the head.

Viola tricolor. Thick incrustations, pouring out a large

quantity of thick yellow fluid, which agglutinates the hair.

Rutherford Russel (*The Skin and its Diseases*, p. 108) advises in *eczema aurium*:

Graphites. Itching behind the ears, itching of the lobule and cheek; after scratching the part lymph oozes out and soon hardens.

Hepar. Heat, redness and itching of the external ears; scurfs on and behind the ears.

Oleander. Humid fetid spots behind the ears, with rough herpetic spots in front.

Cod-liver oil is the best greasy application for the purpose of softening and removing or preventing the formation of the crusts in this disease.

Eczema mammillarum is often a painful and obstinate complaint, especially during lactation. It may be ichorous, pustulous, squamous, or deeply chapped and fissured. In cases caused from lactation, the internal and external use of *Arnica* (Tinct. *Arnica*, gtt. vj, ad aqua fontana $\bar{3}$ vi) suffices; or where the pain is very severe, moist compresses of *Nitras Argenti* (gr. j, ad aqua fontana $\bar{3}$ j) ought to be put over the nipple, and the mother advised to allow longer intervals between the nursing, in order to give time for healing. *Cosmoline* is beginning to gain reputation in this complaint. Crusts around the nipples, with chaps and fissures, in women not nursing, need the red precipitate internally and externally.

Eczema umbilicale et inguinum results from the heat, moisture and friction which are the inseparable consequences of the apposition of folds of the skin, as in natural depressions like the navel, in the fold between the mammæ and waist, the thick folds of the neck and abdomen in fat persons and infants, the fissure between the buttocks, or between the thighs and the scrotum or labia majora. This form of *eczema* is usually termed *intertrigo*, and may be erythematous, ichorous or squamous.

The itching and burning of this eczema is sometimes unbearable, and, when the discharge is ichorous, the exudation is apt to take on a muco-purulent character. In the squamous variety there are cracks and rhagades of considerable depth and extent.

Raue recommends *Ammon. carb.*, *Calc. carb.*, *Graphit.*, *Iodum*, *Mercur.*, *Sepia*, *Sulphur*.

Kafka says that the chronic eczema umbilicale, as eczema rubrum, without simultaneous swelling of the skin, requires *Merc. præc. ruber*; as moist eczema, with swelling and doubling down of the umbilicus, needs *Alumen*. internally and externally.

Eczema ani will be ameliorated by *Nitr. ac.*³ or *Carb. an.*⁶; where the itching produces sleeplessness at night, *Sulphur*⁶ or *Arsen.*⁶; when fissures or rhagades are present, the red præcipitate will prove the best remedy.

Eczema pudendi, perinei and ani. The itching of eczema is nowhere more strongly manifested than in the region of the pudendum, perineum and anus, in the male and in the female; and in no situation is it more lasting and obstinate. In the deepest folds there is always a moist secretion, etc., and in the cleft between the scrotum and the thighs and around the anus there are frequently painful rhagades and fissures.

The scrotum is peculiarly subject to itching: it is apt to be much torn by the nails, and that which before was a mere pruritus of the skin is rapidly converted into an erythematous and ichorous surface, tender, painful and thickened.

Eczema not unfrequently attacks the deep furrows of the prepuce and assumes a chronic character. It is erythematous, dry, squamous and fissured; the skin being indurated and thickened is apt to contract around the glans and occasion phimosis. When the eczema is on the lower surface of the penis, we find the skin there red and

humid, itching terribly, and in children giving rise to onanism. The oozing is generally slight.

Eczema rubrum is found on the labia majora, spreading thence outwardly and inwardly. In the former case the redness, swelling and morbid secretion may spread to the mons veneris and umbilicus, downwards to the thighs and knees, inwardly to the nymphæ and to the mucous covering of the clitoris and vagina, and the redness, swelling and discharge is often taken for a genuine leucorrhœa.

Eczema ani causes redness and swelling of the skin surrounding the anus. In consequence of the numerous folds, more or less deeply penetrating fissures and rhagades arise, exuding copiously and itching to such a degree that the patients continually scratch and even produce prolapse of the mucous membrane.

Raue advises Argent. nitr., Arsen., Calad., Crot. tig., Graphit., Hepar, Lycop., Natr. mur., Nitr. ac., Petrol., Rhus tox., Sepia, Sulphur, Thuya.

Russel: *Arsen.* Itching of the anus, with a feeling of roughness and soreness, as if the parts were excoriated.

Aurum. Itching of the scrotum.

Dulcam. Herpetic eruption on the labia majora.

Mercur. Swelling of the prepuce, with burning, smarting and redness, with cracks and rhagades on the internal surface and a red fine surface; vesicles on the forepart and sides of the glans, penetrating into the parts and spreading; they discharge a fluid and soon disappear; itching of the labia.

Petrol. Itching and moisture of the scrotum; redness and humid soreness of one side of the scrotum; herpes between the scrotum and thigh.

Sulphur. Prickings in the scrotum; soreness and dampness of the scrotum.

Kafka: *Merc. præc. ruber* is the remedy when the back of the penis is affected, and *Rhus tox.*, *Arsen.* or *Alumen.* for moist eczema of the inferior surface of the penis.

Scrotal eczema needs unremitting patience and endurance from physician and patient. As long as the skin of the scrotum is not infiltrated and copiously discharging, *Rhus tox.*, *Arsen.*, or *Crotal.* ought to be given. *Alumen.* internally and externally has done good; but where the skin is thickened, infiltrated and between the folds sore and humid, we apply methodically *Rhus tox.*, *Sepia* or *Graphit.*, and in obstinate cases *Silic.* or *Lachesis*.

Chronic eczema of the female genitals, extending outwards, needs *Sulphur*, *Calcar.* or *Hepar*; that extending inwardly *Alumen*, or a wash of nitrate of silver.

Eczema ani will be ameliorated by *Nitr. ac.*, *Carb. an.*, or *Causticum*.

Severe itching at night, with sleeplessness, always indicates *Sulphur* or *Arsen.* *Merc. præcip. ruber* will always act favorably in eczema where rhagades and fissure are present.

Baehr recommends, in eczema scroti: *Crot. tig.*, *Calad.*, *Rhus tox.*, *Sulphur*, as long as the eruption is in its acute stage; for the chronic variety: *Anthrak.*, *Sulphur*, *Arsen.*, *Lycop.*, *Nitr. ac.*, *Graphit.*, *Petrol.*, *Thuya*.

Eczema marginatum, or circumscribed eczema, always begins on that side of the thigh where the scrotum lies. A red, elevated, orbicular, itching spot arises. The centre of the circular spot soon turns pale and a red margin remains, consisting of papulæ, vesicles, and excoriation. On the edges the eruption increases peripherically and sometimes reaches the size of the palm of the hand. It hardly ever remains isolated, but others form in the neighborhood of the affected part or symmetrically on the other thigh, running the same course as the first one. These circular rings or marginate blotches have also been observed on other parts of the body.

Kafka recommends *Sepia*⁶ or *Natr. mur.*⁶ Tepid baths aid the action of the internal remedies.

Eczema extremitatum. This form of disease has the

peculiarity of appearing on correspondingly situated parts of the skin. The thin skin of the flexures of joints is especially susceptible to eczema, which may be ichorous or squamous, accompanied with rhagades and fissures, and frequently bleeding during the movements of the limbs. Stretching the limbs is very painful, and sometimes well-nigh impossible. Where the eczema attacks both sides of the joint, extension and flexion are prevented. The more the epidermis thickens and becomes infiltrated, the more will fissures appear and mobility be difficult. Eczema of the lower extremities frequently shows this peculiarity, that the skin appears thickened and infiltrated by varicosity of the veins, by chronic dermatitis cellulosa, by varicose ulcers, etc., and the eruption shows a darker color. The other characters of this eczema are the same as those of other forms, viz., infiltration, humidity, crusts and scales.

Eczema manum is frequently met with, as the hands are exposed to the action of irritants of various kinds. To this class belong Willan's "washerwoman's itch," grocer's itch, and baker's itch. It is frequently of the scaly and fissured kind. The palms of the hands may be dry, scaly, thickened and hardened, contracted, with long and deep cracks in the lines of motion. On the fingers it sometimes assumes the vesicular form, but more frequently the scaly, with fissures and cracks longitudinally and in the direction of the wrinkles of the joints. When it attacks the nails, they become discolored, brittle, ragged and uneven. Kafka says that the chronic eczema of the extremities requires the usual treatment, but it is an obstinate disorder to treat. By the steady and methodical application of *Rhus*, *Sepia* or *Graphit.* a cure may be effected. In a very obstinate case *Iodine* internally, two doses a day, and a weak solution externally (gr. j. to 3 j.), produced amelioration and absorption of the infiltration.

Raue: Eczema of the legs, salt-rheum, is the result of

stagnation in the venous circulation, and it will be of great service to bandage the limbs tightly. Compare: *Arsen.*, *Calc. carb.*, *Carb. veg.*, *Graphit.*, *Lach.*, *Lycop.*, *Mercur.*, *Natr. mur.*, *Rhus tox.*, *Sarsap.*, *Sepia*, *Silic.*, *Sulphur*.

Eczema in the bends of the extremities: *Ammon. carb.*, *Bryon.*, *Calc. carb.*, *Graphit.*, *Ledum*, *Mercur.*, *Sepia* and *Sulphur*.

Eczema, seu psoriasis, palmaris et plantaris: *Magn. c.*, *Ranunc. bulb.*, *Rhus*, *Sepia*, *Sulphur*.

Baehr especially recommends *Staphisagria* in *eczema pedum*, or *Rhus*, *Carbo veg.*, *Graphit.*, *Lycop.*, *Mercur.*, *Sulph.*

A peculiar form of *eczema*, indigenous to America, is the

Camp Itch or Prairie Itch.

It is true that this disease has not all the characteristics of *eczema*, nor of *prurigo* or *lichen*, yet it is thought best to place it here, amenable to more accurate classification hereafter.

Dr. Thomas Rowsey (*U. S. M. and S. J.*, II., 337.) gives the following description of this troublesome disease: When it makes its appearance in a new section of country, it rages a long time with marked virulence, gradually disappearing as the tillage of the soil increases. Its approach is slow and insidious. In most cases the presence of the poison is unsuspected, until an *intolerable itching* reveals at first an erythematous flush on the inner aspects of the thighs or arms. This flushed surface, if examined under the microscope, will exhibit large numbers of *white, transparent, cone-like vesicles*, each elevation containing a drop of thin, limpid fluid, which is exceedingly acrid and irritating. They appear in irregular patches on the inner surface of the arms and thighs, on the breast and abdomen, at the wrist, near the shoulder, on and between the scapulæ, around the ankles, and in the flexures of the joints. The perineal region and the under and inner surface of

the scrotum are frequently involved, and the friction produced by the clothing in walking, chafes and irritates the already excoriated parts. On the prepuce and on the outer edges of the labia it sometimes begets the most obstinate itching.

Where the eruption runs its regular course, the minute vesicles gradually enlarge and become pustular in from one to three days, and if left perfectly undisturbed, they will perfect within two weeks from the date of their first appearance, when they suddenly disappear, and the skin is sometimes thrown off as after measles. Epidermic irritation continues while desquamation is going on. If the scratching and tearing could be prevented, the affection might disappear in a few weeks without remedial assistance, for the denuded surfaces take on a new morbid action and soon a dirty, yellowish-brown crust is formed, beneath which extensive suppuration is frequently carried on. Furunculosis quite often adds to the general disturbance. Sometimes these monstrous scabs crack open in the middle, through which quantities of offensive looking pus are discharged, and in neglected cases ulcers with sharply defined edges, bearing some resemblance to the varicose ulcer, are met with on the anterior surface of the lower extremities.

As prodroma we sometimes find nausea and headache, or a sense of weight and soreness in the back. Many times just before the eruption, and almost invariably during its progress, there exists dryness and heat in the fauces, mouth and lips. By and by the whole economy becomes involved; the tongue assumes a dirty-yellow coating, with great dryness in the morning, when the patient first awakes, bowels constipated or irregular, excessive secretion of very pale or reddish-brown urine, sometimes with but often without deposit. The urine is strongly alkaline. In children the entire glandular system becomes affected. The least warmth aggravates the itching. *It is neither of parasitic origin nor contagious.*

Dr. W. S. Searle (*U. S. M. and S. J.*, III., 1.) considers this affection a mere hyperæsthesia of the cutaneous nerves, a mere pruritus, but still makes contagiousness the sole diagnostic symptom of the disease, and bridges this chasm by the hypothesis, that the hyperæsthesia produces a change in the nutrition of the cutaneous cells, and a consequent change in the secretions of the skin. (Contagiousness, except parasitical contagiousness, is yet an open question in most disorders.)

Treatment. Rowsey considers the best local application to be a *lotion of the lye of wood ashes*. This lye must be diluted with two or three times its quantity of water and applied with a sponge to the diseased surface. It should be strong enough to create quite a sharp, smarting, tingling sensation, but not an actual pain. For internal use he gives the following medicines.

Kali ^{30. 60. or 200.} Burning, itching, sensitiveness and tension of the skin; heat and burning in the face, generally in the morning or in the middle of the afternoon; eruption in the perineal region and upon the scrotum, along the edges of the labia; head feels dull and heavy, but does not ache; sensation of soreness when moving the head; swelling of the cervical glands; offensive discharges from the ear; long-continued nausea, vomiting, frequent eructations; pain and uneasiness in the region of the liver; aching and soreness in the lower extremities.

Rhus tox. The vesicles have been torn and lacerated, and large quantities of acrid fluid are discharged; intense itching; the skin feels sore and stiff; general bruised feeling over the whole body; heavy rheumatic pains.

Viola tricolor.—Stinging, burning, itching over the whole body, almost insupportable; itching of the prepuce; gastric disturbances.

Ledum pal.—Itching eruption scattered thickly over the scalp; flush on face and forehead; peculiarly indicated

for enlargement of the cervical glands; burning and smarting in the lower extremities; bone pains.

Mezereum.—Burning in the stomach; enlargement of the cervical glands; sensation of tightness and dryness in the throat; numerous boils and abrasions have a tendency to ulceration; is indicated in pale cachectic persons and in those of a strumous diathesis.

Searle considers *Rumex crispus* the true specific for this horrible plague. According to Wood and Bache, *Rumex* contains sulphur, besides various salts, among which are the phosphate of lime and different acetates and malates which probably renders it so useful in skin diseases. In Bellevue Hospital it is very generally used in a large proportion of venereal, scrofulous and cutaneous diseases as a substitute for Sarsaparilla, and with the most satisfactory results. It has cured several inveterate cases of itch. (*Transac. Am. Med. Assoc.*, I., 1848.)

Great care should be observed in regard to cleanliness. The underclothing should be changed twice or thrice a week, and an occasional ablution of the whole body with castile soap and water will expedite the cure. A mild nourishing diet, which will not too heavily tax the digestive organs, will best suit such sufferers.

(Camp itch, army itch, prairie itch—we know very well—have not all the characteristics of eczema nor of prurigo, but we have to place them somewhere, with the idea of placing them more suitably by-and-by.)

General Indications for Remedies Useful in the Treatment of Eczema.

(From the Lectures of Professor A. R. Morgan, late of the Homœopathic Medical College of Pennsylvania and the New York Homœopathic Medical College.)

Aconite.—In plethoric persons; acute symptoms; stinging and pricking of skin; anguish, restlessness, crying out.

Apis mel.—When the skin is red and œdematous—*burning and stinging*. (Silicea, stinging without swelling and redness.) No thirst; urine scanty; tendency to dropsy. *Aggravation*. From heat. *Amelioration*. From scratching, and cold water. (Pulsat. and Sepia.)

Antimonium tart.—Eczema impetiginoides; vesicles surrounded by a red areola—with itching; eruptions about the nose and eyes, neck and shoulders and back of the ears. Sleepiness, with nausea; irritable, wants to be carried; complains when touched; rattling cough.

Arsenicum.—Dry eruption, accompanied by *intense burning of surface*; little itching; very restless, wants to change position; thirsty, drinking but little at a time (China); the water disagrees; always in a hurry. Painful sensations felt during sleep. Dry, parchment-like skin (Graphit.). Eruption appears about the face and extremities; corrosive discharge; has a tendency to turn black. *Aggravation*. From cold in any form; from scratching (burning), with bleeding after; at night, particularly after midnight; in open air; from heat.

Aurum. Old persons. Constant desire to be out in the open air, even in bad weather. Suicidal tendency. Mercurial symptoms.

Alumina.—Scalp, face and extremities are affected, with itching. After scratching a moisture is developed. There is little or no relief after scratching. Tendency to grow moist. The slightest bruise of the skin smarts; the nails are brittle; dry skin even in hot weather. The patient feels hidebound, as if the white of an egg had dried on the surface. (Graphit. Phos. ac., Sulph. ac., Magn. carb., Baryt. carb.) *Aggravation*. In evening and from heat of bed (itching). During full moon. Every other day. *Amelioration*. In open air. (Baryt. carb.)

Baryta carb.—Fat, dumpy children; hunch-back children, with swollen lymphatics. Eruptions moist, itching, burning and pricking; moist eruption on scalp; the hair

falls out ; glandular swellings ; diffident, timidity in the presence of strangers ; wants to be left alone (Lycop. Ignat. Sepia). Takes cold easily, and has sore throat—chronic sore throat. Feels hidebound (Alum., Graphit.). *Aggravation.* At night and from scratching (Anac., Bovist., Calad., Caustic., Con., Ledum, Mezer., Pulsat., Silic., Stront.). *Amelioration.* When walking in the open air.

Bovista.—Moist vesicular eruptions with formation of thick crusts—under the crusts the formation is increased. No relief from scratching. Eruptions about the mouth and nostrils. Upper lip swollen (Calc. carb., Hepar, Lycop., Mercur., Natr. mur.). Complains of general lassitude, especially in the joints—always dropping everything that they take hold of (Apis). The skin and superficial fascia are flabby, and an impression made with a blunt instrument remains a long time. Constipated. Patient wants to urinate immediately after micturition. Perspiration smells like onions. *Aggravation.* From warmth.

Belladonna.—Robust persons ; excitable ; over-sensitive. Eruptions appearing during dentition, with tendency towards convulsions. Scarlet redness of the entire surface, diffused, non-circumscribed. Burning and itching with great sensibility to touch (Hepar, Cinchon., Mercur., Rhus). Redness and heat of face ; pupils dilated. Jerking of tendons. Excitable or somnolent ; perspires on face or neck, or else only on covered parts. Erratic pains.

Calcarea carb.—Phlegmatic persons with light hair and blue eyes. Females whose menses appear too soon and are too profuse. A long acting remedy. Full habit. Children bloated ; hard, swollen glands. Fleshy children, with lax fibre. Swollen upper lip (Hepar, Lycop., etc.). Obstinate, self-willed. *Characteristic.* No dread of water, but cutaneous affections are aggravated by water. A sulphur patient dreads water. (Worse in water, Arsen., Ant. crud., Carbol. ac., Dulcam., Nitr. ac., Pulsat., Sepia and

Sulphur.) Extremely prostrated by a short walk. Takes cold easily. No sleep. Eruption frequently dry, burning, and itching; skin cracks; deep fissures occur. Moist variety. Crusts thick on face, neck and scalp. Chronic eruption, with cold feet, as though there were damp stockings on them. Sensation of cold in inner organs. *Aggravation.* In open air. From water. *Amelioration.* In a warm room.

Caladium seg.—Burning vesicular rash on chest and fore-arm, and on the vulva. The appearance and disappearance alternate with asthma. Great disinclination to move. *Characteristic.* Vertigo on going to sleep; dare not sleep on account of it; low spirited. *Amelioration.* When perspiring.

Cantharis.—Watery vesicle, as if excoriated; burning, itching, and when touched there is burning and smarting. Eruptions complicated with urinary difficulties. Perspiration smells like urine. Eruptions mostly on right side. *Aggravation.* From touch. *Amelioration.* From lying down.

Carbo veg.—Cachectic individuals. Fine rash, fine and moist, accompanied by burning sensation on different parts of the body, not especially the spot where the eruption is; appears on face and chin. Action on venous capillaries. Hemorrhoids, with flatulence. *Aggravation.* From warmth and water (From water, also, Calc. carb., Ant. crud., Dulcam., etc.).

Causticum.—Moist eruption, especially on nape of neck. Rheumatic and gouty. Insupportable restlessness. Eruption around the nipple, tending to ulceration. Child is afraid at night in a dark room; does not want to go to bed alone. *Aggravation.* In evening; in the open air. *Amelioration.* From warmth and heat of bed.

Clematis erect.—Eruption on back of head and neck; tingling and itching. The vesicles break, overflow the other parts, with tendency to ulceration. Sticking sensation when touching the skin. Eruption moist during

the increasing moon, and dry during the decreasing. Eruptions following suppressed gonorrhœa. *Aggravation*. From washing and heat of bed.

Conium mac.—Glandular enlargement. Moist vesicles, aggravated by scratching. After scratching, pricking in skin. Eruption developed by being over-heated. Gluey, sticky discharge, forming hard crusts. Eruptions in old people; taciturn; wants to be alone. Occurs about the face and arms and mons veneris (Rhus). Vertigo seems to come on when turning the head, when turning over in bed, and when looking up. *Aggravation*. When scratching.

Dulcamara.—Vesicular eruption on face and extremities, oozing a watery fluid; bleeds after scratching; eruption preceding catamenia. Persons who get angry easily. *Aggravation*. From cold; in cold weather and after taking cold; in evening when at rest. *Amelioration*. While moving in warm air.

Graphites.—Obese people; blonde complexion; despondency. Females who are subject to scanty menstruation; very dry skin; never perspire; great soreness of the skin after scratching; red stripes of inflammation. The symptoms predominate on the left side. Especially adapted to eruptions behind the ears, back of head, and in bend of limbs. Moist eczema; after scratching a moisture exudes. Eczema palmaris; sticky and profuse secretion of serous fluid; eruptions apt to become purulent; patients take cold easily. *Aggravation*. In the evening; from cold; a draught of air. *Amelioration*. When at rest.

Hepar sulph. Moist eruption; light hair; glandular enlargements; skin burns and itches after scratching; extremely sensitive to contact and touch (Bellad., Mercur., Rhus. Relieved by contact, Bryon., Thuya, Zincum). Skin inclined to ulcerate; sores exceedingly sensitive to touch (Nitr. ac.). The large sore is surrounded by small pustules. The eruption predominates on the scalp. After the abuse of

Mercury. *Aggravation.* From contact; at night, and from cold air. *Amelioration.* From warmth or wrapping one's self up warmly.

Kali carb. Persons inclined to pulmonary difficulties; take cold easily; sensitive to cold. *Characteristics.* Sticking pains all over; eruptions dry at first but when scratched exude a moisture; comes on in warm weather; puffy and baggy swelling of the upper eyelids (*Arsen.* puffiness of lower eyelid); great dryness of skin; deficient perspiration (Graphit., Alum., Ledum); yellow, scaly, violent-itching spots over the body, especially over abdomen and around the nipples. *Aggravation.* Between two and three o'clock A.M.; from cold air (Hepar); from becoming cold. *Amelioration.* In warm air and on getting warm (Hepar).

Ledum. Eczema occurring in drunkards. The eruption comes out after a debauch. Dry eruption; gnawing, itching of skin; sensation as though lice were crawling over the surface; unnatural dryness of skin (Graphit., Alum., Kali carb.). *Characteristic.* In rheumatic persons the pain commences in the feet and goes up. *Aggravation.* From heat and motion (pain in joints only); heat of bed.

Lycopodium.—Eruption first vesicular then dry; the surface bleeds after scratching; biting and itching when becoming warm; humid eruption, full of deep cracks, afterward covered with a thick crust. Eruption on back part of head, moist, smelling fetid; bleeding after scratching; oozing after scratching with increase of crusts; great debility while at rest, feels as though he had no strength (*Arsen.* just the reverse); inclined to constipation; wants to eat, but a few mouthfuls fill him up full. *Aggravation.* After getting heated, and from wet poultices; from four to eight P.M. *Amelioration.* From cold; from uncovering one's self.

Mercurius sol. Eruption dry and itching; after scratching obstinate bleeding and great smarting; eruptions all

over the body, particularly on hairy parts; adapted to persons who perspire easily; no relief from perspiration; loss of tone of all the mucous surface (Glon., Iodium, Stramon., Tellur.); imprints of the teeth on the tongue (Rhus). *Aggravation.* At night; after getting in bed (itching); after scratching. *Amelioration.* In the morning.

Natrum mur.—Eruption which comes in the bends of the knees and elbows; behind the ears and back of the head and neck; in the border of the hair. *A humid eruption, with gluey discharge, matting the hair; great rawness and soreness of the skin; smarting. Light crusts form on the back of head and neck, along border of hair, which are irregular and resemble peach gum.* Vesicular eruption on and around lips. Lips and corners of mouth ulcerated and cracked. Borders and corners of eyelids raw and ulcerated. Itching, humid eruption on face and chin; raw, angry looking eruption. Eruptions developed by exercise. Shooting pain in skin. The skin symptoms of *Natr. mur.* most resemble those of *Graphit.* *Aggravation.* In the forenoon and from exercise. *Amelioration.* After lying down.

Nux juglans.—Burning, itching vesicles upon a cracked surface, with a greenish discharge, which stiffens the linen. Large blood boils on shoulders and in region of liver, very painful. *Aggravation.* In the evening and at night.

Oxalic acid.—Exceedingly sensitive skin, with vesicular eruptions. *Characteristics.* Suffers from the use of sugar and sweets in general. *Aggravation.* All symptoms while thinking of them (reverse, Camphor).

Oleander.—Vesicular eruptions about the head of children, with smooth, shining surface, with drops of serum standing out here and there. Humid, scaly eruption on the back part of head and behind ears, with biting and itching, as from lice (*Ledum*); relieved when first scratching, but soon followed by burning and soreness (*Sulphur*),

which gives place to biting and itching. Gnawing and itching, with red, excoriated, shining surface. *Aggravation.* From scratching, and when undressing (itching, (Arsen., Coccul., Mezer., Nux, Pulsat., Rhus tox., Silic.).

Petroleum.—Moist eruptions, with great itching; copious oozing after scratching. Ulceration after scratching. Obstinate dry eruptions on genitals and perineum. Eruptions on the inside of thighs. Skin heals with difficulty. Aversion to open air. *Aggravation.* During a thunder storm (Phosphor.); in the open air. *Amelioration.* From warmth and warm air.

Phosphorus.—Dry eruptions, burning and itching. Lean persons. Can't lie on the left side. "Small wounds bleed much." (The blood coagulates quickly, reverse Laches.) *Aggravation.* In the evening; at night; before midnight; during thunder storm (Pulsat.). *Amelioration.* After scratching; after sleeping.

Rhus tox.—Burning vesicular eruption, coming on in cold weather. Eruptions on hairy parts, and on genitals, with tingling and itching. Humid, itching eruptions on head, forming thick crusts, having an offensive smell; falling off of the hair. Hardness and thickening of the skin, with rhagades (scrotum), with intolerable itching. Humid eruptions on scrotum; milk crust on face, humid, angry looking, forming hard brown crusts. *Aggravation.* From cold in general; getting wet; in the morning and during cold weather. *Amelioration.* Immediately after scratching (afterward burning); by motion.

Ranunculus bulb. Vesicular eruption as from a burn; smarts as if scalded. Eruptions in clusters. *Aggravation.* In the evening; from change of temperature; from touch and motion.

Sepia: Eruptions during pregnancy and nursing. Dark complexioned persons and especially corpulent women; great lowness of spirits; nervous excitability; sad, inclined to wake in the morning early, about three, and

cannot sleep again ; itching of the skin changing to burning when scratched ; vesicles ooze serum on being scratched ; soreness of skin and humid places in the bends of the joints and behind ears (Natr. mur., Graphit., Petrol., Lycop.). Humid eruptions, itching, and burning. Dry eruptions appear on the *inside* of elbows and knee joints. Dry ring worm (Tellur) especially on the face of children, about the mouth the spots are round ; dry, offensive eruptions on the vertex and back of head, itching and tingling, with cracks behind the ears, with soreness after scratching. *Aggravation.* In open air ; by application of cold water ; after eating. *Amelioration.* In a warm room and in warm air.

Staphysagria. Humid vesicles which are offensive, burning and itching, about the head and ears of children ; scratching sometimes changes the locality of the itching ; oozing after scratching ; scalp painfully sensitive ; skin peels off, with itching and biting ; the hair is inclined to fall out ; hypochondriac ; cross words injure the feelings ; children are impatient, cry for things and throw them away after getting them. *Aggravation.* From scratching ; from touching the affected parts ; from abuse of Mercury. *Amelioration.* From walking in open air.

Sulphur. Voluptuous itching all over, with burning after scratching, or with soreness after scratching and sometimes little vesicles ; creeping of the skin as though insects were on the surface ; eruption on back of head and behind ears, dry, offensive, scabby, with cracks, easily bleeding, burning and painful ; relieved while scratching, with burning and intense soreness, sometimes bleeding, after scratching ; takes cold easily, with glandular swelling ; skin cold and dry ; the patient is thin and stoops in his gait ; great aversion to washing and to open air ; peevish and fretful at night with burning of palms of hands and soles of feet. *Aggravation.* From getting warm in bed (itching) ; from washing ; during full moon ; from

wet poultices (Lycop.). *Amelioration.* From heat ; in dry weather ; after rising.

Sulphuric acid. Moist eruption with pricking of the skin ; on scratching the itching changes locality (Staphys.). Eruptions succeeding suppressed gonorrhœa (Clematis). *Aggravation.* In open air.

Thuya occ. Itching vesicles with shooting pains ; skin extremely sensitive to touch ; burns violently after scratching ; dry, scaly eruptions on head extending to the temples, eyebrows, ears and neck, with itching, tingling and biting ; dryness of covered parts ; perspiration of parts uncovered, smelling sweet like honey ; eruptions only on covered parts ; offensive perspiration of the feet. *Aggravation.* From cold wet ; heat of bed ; about three A.M. *Amelioration.* From gentle rubbing (itching) ; from warm wet (reverse Lycop. and Sulphur) ; from a development of coryza.

CHAPTER II.

VESICULAR DISEASES OF THE SKIN.—Continued.

Herpes.

Prof. Hedges, of Chicago, (*U. S. M. and S. J.*, VIII, 440.) justly remarks that the diagnostic differences between eczema and herpes are slight, and that the two diseases often grade off into each other in such a way that the line of demarcation is with difficulty traced. The vesicles of herpes are larger than those of eczema and do not tend to become confluent. Each herpetic vesicle runs its course distinctly and separately. Again, in eczema there is a decided tendency to the formation of raw and moist crusts, secreting and discharging a gelatinous watery discharge ; which is quite different from the course taken by an herpetic eruption.

Tilbury Fox regards the herpetic eruption as *bullulæ*, and thus places it between eczema and bullæ. He also remarks that the disease is characterized by the presence of vesicles *distinct from each other* and invariably seated upon an inflamed base. They are generally tolerably few in each separate collection of vesicles; do not rupture as a rule; and their contents, alkaline or neutral when clear and slightly acid when turbid, after becoming opaque, disappear by resorption, but now and then by rupture and desiccation into light brownish scales. The vesicles last about seven or eight days. The disease is mostly accompanied by sensations of heat, tension and burning, which indeed are felt to a greater or less extent before the appearance of the eruption. Occasionally severe neuralgic pains occur before, during or after the eruptive stage; this being particularly the case in herpes zoster.

Willan designates herpes as a common *acute, non-contagious, vesicular* disease. Neumann places herpes zoster among the angio-neuroses, thus showing its origin in nervous disorders, and again, according to its objective symptoms, under herpes (*Bläschenflechte*), which he also considers as an acute, non-contagious disease, running a typical course, in which vesicles or blebs *appear in groups* upon an erythematously-inflamed portion of the skin. The eruption is attended with *burning* pain, which is very intense in some forms of the disease and has the character of a *neuralgia*. This pain may last long after the disappearance of the eruption.

a. *Herpes labialis*, or better, *facialis*. This affection accompanies febrile diseases. Groups of vesicles are also seen on the mucous surface of the mouth and pharynx. Similar herpetic eruptions occur, in *otherwise perfectly healthy persons*, on the forehead, lids, nose and ear; and in young persons, at certain definite periods of the year, herpetic eruptions recur, with febrile symptoms, over the extensor surfaces of the elbow and knee-joints, and after a few days

similar groups of vesicles show themselves on the cheeks or perhaps on other parts of the body. (Jeffries, p. 44.)

Gerhardt explains the origin of herpes facialis thus: The small arteries which run in the bony canals next to the fine trigeminal twigs, become contracted at the commencement of the febrile attack, and owing to the hot stage again dilate, so as to press on the nerves and irritate them, and hence a vesicular dermatitis. He lays stress on the fact that the place of election of this eruption is in the region between the chin, ear and eyebrows.

Bertholle describes cases of herpes of the soft palate appearing suddenly during *perfect health*, with great pain on swallowing, accompanied with severe headache, accelerated pulse and hot skin. The reddened and swollen pharynx and tonsils are covered with small yellowish specks of the size of a lentil, which, on account of the delicacy of the epithelium, very quickly rupture and are seen only as reddened points devoid of epithelium. They are occasionally met with on the uvula and anterior pillars of the fauces, but are *never seen on the posterior wall of the pharynx*. As a general rule the vesicles are not confluent, but they leave flat ulcers behind them which soon heal.

b. *Herpes progenialis*. Jeffries correctly states that this vesicular eruption is not a neurosis and therefore ought not to be regarded as an herpetic eruption, nor has it anything in common with syphilis. Such vesicles frequently appear on the genitals in men and women, which remain as such but a very short time, for the epithelium soon ruptures, being softened by the high temperature. These places, stripped of epidermis, become irritated and inflamed by the sebaceous secretion abundant in such places in man and by leucorrhœa in women, or simply from the contact of the two surfaces of skin, and they are subsequently covered with a yellowish purulent layer. These little ulcers are of the size of a pin's head or a lentil, and quickly heal by cleanliness; but they differ from genuine

herpetic eruptions in this, that the vesicles very quickly run into each other and form a sore which may closely simulate chancre, having a white base and an elevated margin; but they secrete very little or no pus, whereas the discharge from a chancre is quite considerable.

c. *Herpes iris* and *circinatus*. *Herpes iris* commences as a solitary vesicle on an inflamed base, and new vesicles spring up around the primary one in the form of concentric rings, which have different colors and contents (serum, sero-pus and pus) according to their stage of development. The disease is never attended by any constitutional symptoms. Its common seat is the back or palm of the hand or the instep at first, but it may subsequently involve the entire extremity, commonly, however, only the forearm and leg are implicated, while the body and face remain free. In severe cases the eruption is attended with a febrile condition. It appears in young persons, chiefly in the spring and autumn, but Fox has also observed it in elderly people. It may last for weeks and is apt to reappear.

Herpes circinatus is simply a variety of herpes iris in which the disease spreads peripherically in the form of vesicles while the process of drying has already taken place in the centre. The peripheral portion shows several rings of vesicles at the same time, and the livid redness around the circle leads one continually to expect new additions. In true herpes circinatus the vesicles are plainly visible; their contents, at first transparent, soon become turbid, and give rise to a thin brownish scab. A second crop of vesicles sometimes follows, but the affection commonly runs its course in eight or ten days. (Hillier.) We are of the opinion that these two forms of eruptive disease should not be classified with hepetic eruptions.

d. *Herpes zoster*, *zona*, *shingles*, derives its special name from the peculiar manner in which the groups of vesicles tend to encircle the body like a girdle. It follows the

course of one or more of the cutaneous nerves, generally stopping short at the median line before and behind, though it may cross this point. It generally affects the trunk, but may attack the face, the shoulder, the abdominal wall or upper part of the thigh (the line of eruption corresponding to that of the long axis of the limb). The right side is more frequently attacked than the left (101 in 178 cases according to Baerensprung). The disease is most common in the young, is of about equal frequency in both sexes, and occurs particularly during change of weather. On rare occasions it may almost become epidemic.

This is an acute disease of definite duration (fourteen to twenty days). The patient ails for a few days, is feverish, out of sorts, complains of shivering, perhaps pain in the side; presently patches of erythema appear and present a number of little white points, which quickly enlarge into bullulæ, perhaps coalescing and forming distinct bullæ; the vesicles are tense and contain clear serosity; in four or five days they become partially emptied and flaccid, the contents becoming turbid and dark; at the same time the red blush fades and the patch scabs over. The crusts disappear in about ten days, leaving dark red stains. The changes are not completed at the same time over the whole area, and the eruption in its several stages may therefore be observed on different parts of the same person. In rare cases herpes zoster may ulcerate and soon become gangrenous. Pain may be a prominent symptom, lancinating, smarting, burning. Convalescence is slow. (Fox.)

Hebra thus describes the normal course of herpes zoster.

1. The eruption appears, runs its course and leaves no scar. The first clusters of vesicles appear near the mucous centres, and the later ones toward the extremities of the nerves whose course they follow.

2. The eruption is confined to one-half the body, and vesicles are formed on all the reddened patches.

3. Painful sensations do not persist for any long period after the outbreak of the eruption. (This is denied by other observers of as high authority.)

4. The vesicles contain transparent serum or a puriform fluid.

The characteristics of an abnormal course are :

1. Cases where clusters of eruption form no vesicles, but only papules (abortive zoster), or they run on into bullæ or are converted into deep-seated pustules, leaving scars behind them.

2. The eruption occurs symmetrically on both sides of the body ; or some clusters attain their proper development whilst others attain only to the stage of small points and then disappear.

3. Considerable neuralgic pains are experienced before and during the eruption, which continue for a long time after the drying up of the eruption, sometimes with disturbances in the motor functions.

4. The contents of the vesicles are mixed with blood and the immediate vicinity of the vesicles is infiltrated with blood. These cases are often attended with very severe pains.

According to its location we find: *Herpes zoster capillitii, faciei, nuchæ, brachialis, pectoralis, abdominalis, femoralis*. When affecting the ophthalmic nerve, it may greatly injure and even destroy the eyeball. There is severe pain and injection of the conjunctiva and cornea, and the movements of the iris are interfered with.

Hutchinson and Bowman consider it a peripheral neuritis in the ultimate ramifications of the sensory nerves, followed by a corresponding vesicular alteration. With this we have redness of the connective tissues, photophobia, a central softening and ulcers upon the cornea, or iritis. The first named writer found the eye affected only

when the eruption extended from the forehead to the nose. He also observed paralysis of the muscles of the eye supplied by the oculo-motor nerve.

Baerensprung remarks that the ganglia spinalia give us the key to the explanation of the phenonema of herpes zoster. The neuralgia so frequently accompanying the eruption is to be explained by the transmission of irritation and reflex action from the ganglion upon the corresponding posterior root. Zoster is therefore a disease of the ganglionic system, more especially of the spinal ganglia or the ganglion Casserii; although the peripheral irritation of a nerve which has ganglionic fibres may result in a limited eruption of zoster vesicles, and we must grant even the possibility of a purely reflex affection of the ganglion.

As regards the anatomy of zoster, Biedladecki found that the papules and vesicles were formed in the same way as in eczema. When pustules form, the cell elements increase in the papillæ and permeate the whole corium and a part of the subcutaneous cellular tissue. The papillary blood-vessels are enlarged and crowded with blood. From the papillæ spindle-shaped cells push into the mucous layer, then subdivide, pushing apart the epithelial cells as series of round cells. In the centre of the pustule there is considerable cell-proliferation, and collections of pus are formed in the mucous layer, in a network composed of the compressed and altered epithelial cells of the middle and upper mucous layer. The epithelium of the lower mucous layer takes part also in the process of subdivision, often mother-cells, holding several nuclei, lying above the flattened and cell-infiltrated corium, but here and there reaching into the network. Around and in the neurilemma there is evident cell-proliferation, similar to the proliferation in neuroma and carcinoma around the trunk. (Jeffries, p. 48.) Dr. Haight found the nerves swollen, the medullary substance softened, and the axis cylinder eccentrically enlarged.

Treatment. Hebra, Neumann and others consider the expectant mode of treatment the most appropriate. All friction must be prevented by an appropriate bandage, and the spontaneous drying assisted by dusting the parts with starch. Painting the parts with collodion, and the application of poultices, with *Ol. Hyoseyami*, often give relief. Ointments of cerate or glycerine are recommended by others. For the severe neuralgic pains, hypodermic injections of morphia are the ne plus ultra of the regular school.

Kafka (II, 421) remarks that homœopathic remedies fail to shorten the course of the different forms of acute herpes, but we may successfully combat the accompanying symptoms. As zoster belongs to the class of diseases which frequently appear under the influence of a sudden change of weather, as eczema and rheumatism, we can easily comprehend the beneficial action of *Rhus tox.*, *Merc. sol.*, *Caustic.*, *Hepar*, *Mezer.*, *Arsen.* Simultaneous gastric disturbances remind us of *Nux vom.*, *Pulsat.*, *Sepia*. Baehr relies chiefly on *Mezer.* or selects his remedy according to the neuralgic symptoms. Hughes is fully satisfied with the results of *Rhus tox.* Wilkinson relieves the itching by the local application Canthar. lotion. *Ranunculus* and *Cistus* may be suggested in addition to *Rhus tox.* and *Arsen.* for the removal of neuralgia.

Russel (*B. J. of H.*, X.) gives the following indications:

For *Herpes facialis*:

Arsenicum. Red herpetic skin around the mouth; eruption along the border of the vermilion borders of the lips.

Belladonna. Small pimples on the lips, covered with a scurf and smarting as if they had been touched by saltish water; pimple on the upper lip, tingling when not touched; contact excites a stinging itching with it.

Calcareo carb. Eruption of pimples around the mouth

and on the corners of the mouth ; scurfy pimple on the margin of the vermilion border of the lower lip.

Cicuta virosa. Burning itching vesicle on the upper lip near the vermilion border.

Dulcamara. Pimples and little ulcers around the mouth with tearing pains when moving the parts.

Graphites. Eruption near the corner of the mouth, on the lip ; small white blotches on the upper lip ; thick-set, whitish pimples on a red base, and somewhat itching, near both corners of the mouth under the lips ; a vesicle on the upper lip with cutting pain.

Hepar. Eruption in the corner of the mouth with a sensation of heat in that part ; red itching spot below the lower lip, which was soon covered with a number of yellowish vesicles, forming a scurf.

Mercurius. Yellow crusts on the upper lip near the margin, with smarting and burning pain.

Silicea. Eruption on the lips, vesicles on the upper lip, stinging when touched, causing a smarting pain ; pimple on the margin of the vermilion border of the upper lip, first itching, afterwards, when covered with a scab, merely smarting.

For *Herpes præputialis* or *genitalium*.

Aurum. Itching of the scrotum.

Dulcamara. Heat and itching of the genital organs ; herpetic eruption on the labia majora.

Hepar. Itching of the penis and the frænulum præputiale ; itching of the glans ; humid soreness in the fold between the thigh and the scrotum, with smarting pain, as if the parts were excoriated ; itching of the scrotum.

Mercurius. Voluptuous itching on the surface and the interior of the prepuce ; swelling of the prepuce with burning, smarting and redness, with cracks and rhagades on the internal surface, and a red fine eruption on the surface ; vesicles on the forepart and sides of the glans, penetrating into the part and spreading ; they discharge

a fluid and soon disappear; burning around the glans in the evening, afterwards vesicles on the inner surface of the foreskin, which soon form little ulcers, healing rapidly; a number of small red vesicles at the termination of the glans, behind the prepuce, changing to ulcers, which burn and discharge a yellowish-white, staining, strong-smelling matter.

Phosphoric acid. Itching creeping in the frænulum; vesicles near the frænulum, itching when pressing on it; humid itching vesicles on the frænulum, preceded by creeping.

Sepia. The glans is hot and itching with soreness of the prepuce; hot glans, with a pale-red sometimes itching eruption; red tips on the glans; swelling and humid itching eruption on the inner labia; soreness and redness of the labia, in the perineum and posteriorly between the thighs.

Silicea. Itching under the prepuce; redness of the prepuce near the corona, as if excoriated, with frequent itching; swelling of the prepuce with itching humid pimples on the outside; itching and humid spot on the scrotum.

Sulphur. Troublesome itching of the pudendum, with pimples all around; painless vesicles on the outer parts of the pudendum.

For *Herpes phlyctenoides*, not confined to any special locality, but spread indiscriminately over various parts of the surface.

Aconite. Large red itching pimples; reddish pimples filled with an acrid fluid; isolated pimples of the size of a pin's head and filled with a serous fluid, on various parts of the skin, and especially on the forehead, nape of the neck and on the face; after a while the pimples dry and peel off; vesicular eruptions on both temples.

Arsenicum. Herpes, having a red unwholesome appearance, with vesicles and violent burning, particularly at night (in the pit of the stomach and on the back).

Bovista. Goose-flesh with violent itching; herpes after an itching over the whole body, in the evening; moist scurfy herpes-like red pimples.

Calc. carb. Itching vesicular eruption over the whole body, especially the hips.

Cantharis. Small itching vesicles between the chin and the lips, on the forehead and cheek; on the palm of the hand.

Clematis. Vesicular eruptions on the body; herpetic eruptions. (More suitable for chronic constitutional herpes.)

Mercurius. Herpetic spots and suppurating pustules, which either run into one another, forming at times dry and scaly spots, at times discharging an acrid fluid, or which remain sore, become hollow, afterwards raised and cicatrized (all of which looks more like syphilis); new pustules springing up in the neighborhood; herpes with burning when touched; dry, raised, burning, itching herpes on the lower and upper limbs, wrist-joints, hands and between the fingers; herpes surrounded by a border of large scabs, on the forearm and knee, discharging a good deal of moisture; impetiginous herpes on the abdomen, thighs and knees.

Phosphorus. Itching, large vesicles over the whole body, also on the face; round herpetic spots over the whole body.

Ranunculus sceler. Vesicles upon the skin, emitting a thin, acrid, yellowish ichor.

Rhus tox. Small burning vesicles, with redness of the skin on the whole body except on the hairy scalp, the palms of the hands and soles of feet; burning itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes (arms and loins), with swelling of the parts, and small yellowish vesicles which run into each other and become moist, the larger ones terminating in suppuration with red areolæ, the smaller ones drying up more rapidly and scaling off in a few days; confluent vesicles, most of them

containing a milky or watery fluid, with peeling off of the skin in three days; pustules on the hands and forearms, which burst and emit a clear moisture; herpetic eruptions, alternating with pains in the chest and dysenteric stools.

Silicea. Eruption over the whole body, resembling varicella, accompanied, preceded, and followed by violent itching.

Sulphur. A scaly herpetic eruption which has been repelled by external means, appears again, itching violently and burning after scratching.

The medicines most useful in Herpes zoster are

Rhus tox., *Graphit.*, *Mercur.* and *Pulsat.* *Rhus tox.* is generally sufficient in itself to effect a cure, and even, we believe, to prevent the appearance of the eruption by curing the state of the nerves which may be regarded as the incipient stage of the disease. Nor do we believe that the severe neuralgic pain, which so frequently follows this affection, will often occur in cases treated by *Rhus tox.* from the beginning of the attack. When *Rhus tox.* is not sufficient to accomplish the cure, and when there is much burning, insupportable pain, *Graphit.* is of great value; *Mercur.* is recommended if there be much itching and a great tendency to suppuration. *Pulsat.* after or alternately with *Mercur.* when there is severe lancinating pain.

If there remain neuralgic pains after the disappearance of the eruption, *Zincum met.* may be given; but if the cure is not speedily effected, it will require great patience and strict individualization, and even then success is not always certain. (*Rhus tox.* and *Graphit.* are, in our experience, the chief remedies, and we have hardly ever failed to make a perfect cure with them. The neuralgic pains remaining after the removal of the zona may and often do require different remedies. Thus, for instance, we cured a case of facial neuralgia, coming to us at second hand after an attack of zoster, with *Kalmia latifolia.*)

Raue (*Pathology*, 611) mentions, among other remedies, *Croton tig.* for itching and painful burning and redness of the skin; formation of vesicles and pustules; dessiccation of the pustules and desquamation and falling off of the pustules.

Euphorbium. Violent burning in the face; red inflammatory swelling of the cheeks, with boring, gnawing and digging from the gums to the ears, and itching and tingling in the cheeks. The cheeks are covered with a number of yellowish vesicles which burst and then emit a yellowish humor.

Daphne mezereum. Obstinate itching over the whole body for several days. Hot dartings in various parts of the body. The pains are felt on one side only. Red itching rash on the arm, head and the whole body, rough and in clusters.

Hale (*New Remedies*) mentions *Cistus*, *Cosmoline*, *Comocladia*, *Phytolacca*, *Rhus ven.* and *Sempervivum*; but we fail to see the similitude in *Cistus*, *Phytol.* and *Sempervivum*, which are more indicated in cases of constitutional herpes (the *constitution dartreuse* of the French).

Comocladia has the following symptoms: Violent itching, redness and swelling of the face, hands and other parts of the body, followed by yellow vesication and desquamation of the cuticle. *Cosmoline* will be valuable as topical application, as it removes the stinging, burning and itching.

c. *Herpes impetiginiformis.* Hebra has seen but five cases of this rare eruption. They all appeared in women at full term, except in one case, which took place during the course of pregnancy. The first four terminated fatally. They all resembled one another in beginning in the region of the genitals, in their general diffusion over the body in the later stage and in the herpetic character (groups of vesicles on the same inflamed base) which they presented. They were all accompanied by fever and rigors. The

disease might be called herpes impetiginiformis from the appearance of the crusts. There was no restriction to the course of certain nerves as in an ordinary zoster. This appears to be a very dangerous disease. (Fox, 204.)

The *treatment* was mainly expectant, with nourishing diet. For the pyæmic symptoms the patient who recovered took quinine, and a lotion, composed of six grains of the perchloride of mercury and one part of limewater, was applied to the genitals; as the pain prevented sleeping the woman took half-drachm doses of Chloral hydrate at night. After delivery she rapidly recovered.

General Indications for Remedies Useful in the Treatment of Herpes.

(From the Lectures of Professor A. R. Morgan.)

Apis.—Burning and *stinging* pains, with excessive swelling. Vesicles large and sometimes confluent. Eruption which comes out on the lips in cold weather. Cold sores (Natr. mur. and Rhus tox.). They come on and sometimes ulcerate, with great burning and *stinging* pain. *Aggravation*. From warmth (Reverse, Arsen.). *Amelioration*. From cold applications of any kind (Reverse, Arsen.).

Arsenicum.—Confluent herpetic eruptions, with intense *burning* of the blisters. Decided aggravation after midnight; cannot sleep after midnight. Chronic dry skin (Staphis.). Nausea and marked prostration, aggravated by taking nourishment. Lassitude and weakness. In Herpes iris, when the eruption gets bloody and dark colored. *Aggravation*. From cold of any kind (Reverse, Apis). *Amelioration*. From warmth (Reverse, Apis).

Borax.—Children inclined to aphthæ, which bleed very easily and profusely. The secretions of the body are excoriating. Women inclined to aphthous difficulties. *Characteristic*. Sensations aggravated by *going downward* (Calc. carb.).

Calcaria carb.—Lymphatic temperaments. Burning herpes. Chapped furfuraceous eruptions; unhealthy skin, which ulcerates *easily*. Painful swelling of glands. Obstinate, self-willed children who incline to grow fat. *Aggravation.* In open air and from water. *Amelioration.* In a warm room.

Cantharis.—Large, burning, painful blisters upon an erysipelatous base—burning when touched; eruptions more on the right side; smarting and stinging of the skin. *Aggravation.* In open air; from touch.

Causticum.—Itching, burning, moist phagedenic vesicles, especially upon the shoulders and neck. Sore and cracked nipples, surrounded with herpes, with a tendency to ulceration. Stinging and itching of the skin. Herpes preputialis. *Aggravation.* In open air; by scratching. *Amelioration.* From heat.

Clematis erect.—Gnawing sensation in the skin, not relieved by scratching. Scalp herpes with yellowish corrosive ichor. Chronic, red, humid herpes, with *intolerable itching* in the warmth of the bed and after washing. Tendency towards rupture and ulceration of the vesicles. *Aggravation.* When the moon is increasing (eruption red and humid). From heat and washing. *Amelioration.* When the moon is decreasing (eruption dry and pale).

Croton tig.—Vesicular eruptions, with burning, stinging and redness of the skin, and speedy developement of a seropurulent exudation. Feels hidebound (Graphit., Alum., Baryt. carb., etc.). Vesicles, especially on abdomen, confluent and form large brown scabs. One of the best antidotes for poisoning with *Rhus tox.* (Anac.). *Aggravation.* After eating. *Amelioration.* By gentle rubbing, (Thuya. Worse from rubbing, Anac.); after sleep.

Dulcamara.—Herpes, moist suppurating; oozing pale water when scratched; red, with red areola, bleeding when scratched. Herpes zoster after taking cold. Thick crusts all over the body. *Aggravation.* In the evening; in cold

air; during wet weather and when at rest. *Amelioration.* From gentle exercise in a warm room.

Graphites.—Herpes in females with scanty menses. Large blisters from the umbilicus to the dosum of the spine, burning when touched. Occurring especially on the left side. Herpes zoster. *Aggravation.* In doors; from warmth and motion. *Amelioration.* Out of doors.

Hepar sulph.—Particularly indicated after mercurial preparations. Herpes preputialis. Eruption exceedingly sensitive to touch. Little ulcers surrounding the large one. Takes cold easily. Face, hands and prepuce are especially affected. *Aggravation.* At night, and from cold; exceedingly sensitive to cold air. *Amelioration.* From warmth.

Iris versicolor.—Herpes which follow gastric derangement, with bitter taste in the mouth; with nausea and vomiting; pain in the liver. Herpes zoster on the right side of the body, with gastric derangement.

Kali bich.—Herpes after taking cold, with fluent coryza and bronchial irritation. The expectoration is stringy and ropy. (The secretions and excretions all have this same ropy and stringy character.) The coryza at first is thin, but soon changes. The vesicles are large and are filled with a fluid of the same character as the expectoration.

Kali carb.—*Stitches* in the eruption. Eruption moist after scratching. Dry skin with deficient perspiration (Graphit., Alum., etc.). Burning-itching herpes. *Aggravation.* From cold air; from becoming cold. *Amelioration.* In warm air; on getting warm.

Kalmia lat.—Sensation of rigidity of the skin, with a pricking sensation—(*Neuralgia of the fifth pair of nerves of right side of face*). Sensation as if the skin were paralyzed. *Aggravation.* At night.

Kreosotum.—Herpes, watery or seropurulent from the beginning, especially on the backs of hands and fingers

and joints, itching very violently towards evening. Herpes in the palms of the hands, on the ears, elbows, knuckles and malleoli. Seropurulent and furfuraceous eruption. *Aggravation.* In the evening (itching); in the open air. *Amelioration.* From warmth.

Lachesis.—All kinds of herpetic eruptions. Vesicles large, of a yellow color usually. Frequently they are yellow at first and then turn dark, with much pain. Vesicles break and leave an excoriated surface, which burns when touched. Eruptions which occur every spring and fall. Effects especially the left side of the body. *Aggravation.* All symptoms after sleep. From acids (Selen.).

Mercurius.—Herpes burning when touched. Moist vesicles surrounded by dry scales—easily bleeding. Perspires very easily, from the least exertion; no relief from perspiration. Lax fibre. Phagedenic blisters. Herpes preputialis. Zona—especially on the right side or when it extends across the abdomen. *Aggravation.* At night, from the warmth of the bed. *Amelioration.* In the morning.

Mercureum.—Herpes zoster, with severe neuralgic pains. Indicated after the abuse of mercury. The itching on being scratched changes to burning. *Aggravation.* In the evening about 9 o'clock; *by contact and motion.* *Amelioration.* By exercising in the open air.

Moschus.—Hysterical subjects with tendency to faint; violent sexual excitement with copious urine. *Characteristics.* Redness of right cheek without heat—the left pale and hot; the same with the hands. Chilliness commencing at the head and extending down over the body. Menses too early and profuse. Great sensation of debility felt particularly during rest. Herpes with excessive burning. *Aggravation.* In cold air. *Amelioration.* In warm air.

Natrum carb.—Herpes iris. Sensation of formication. Vesicles with shooting and itching pains. Hypochondria-

cal, with aversion to society. Panaritium. Warts and herpes about the hands. *Aggravation.* In the forenoon. *Amelioration.* By pressing gently the parts, or rubbing them.

Natrum mur.—Herpes which occur during fevers. Herpes labiales. Herpes of bends of elbows and knees. Moist oozing eruptions. *Aggravation.* In the forenoon from 10 to 12.

Petroleum.—Herpes especially on the genitals, moist, oozing and itching. Itching herpes on the perinæum. *Aggravation.* In open air (aversion to open air); when perspiring. *Amelioration.* From warmth and warm air.

Phosphorus.—Herpes in persons inclined to pulmonary difficulties, with burning pain. Vesicles confluent and appear in clusters. Brown colored blisters between the fingers and toes. Dry herpes. *Aggravation.* In the evening, at night, before midnight (exceedingly sensitive to cold air.) *Amelioration.* After sleeping.

Pulsatilla.—Mild subjects, pale, inclined to mucous discharges. Eruption itching and burning. Skin inflamed and swollen. *Aggravation.* In the evening and in a warm room. *Amelioration.* In the open air.

Psorinum.—Herpes after suppressed scabies, moist; intolerable itching when getting warm. Biting and itching, worse when developed after some febrile affection. *Aggravation.* Before midnight and in the open air.

Ranunculus bulb.—Vesicles of a dark blue color, resembling the blisters from a burn. Rheumatic subjects. Burning itching vesicles in clusters. Herpes over the fingers (blue) and palms of hands. Herpes on the whole body. *Aggravation.* In the evening; the pains are excited by touch and motion; after eating.

Ranunculus sceler.—Eruption filled with a thin, acrid, fluid, with sensations similar to those indicating *Ranunculus bulb.*

Rhus tox.—Pains, stinging and burning after scratching.

Everything tastes bitter. Herpes upon hairy parts—burning and stinging (Apis, Arsen., and Phosphor.). Itching especially on hairy parts. Eruption more annoying after a perspiration; comes on after taking cold or getting wet (Antim. crud.). *Aggravation.* After scratching, perspiring and getting wet or cold. *Amelioration.* From warmth.

Sepia.—Itching. Aggravated by scratching. Indicated especially in females.

Silicia.—Eruption inclined to ulcerate. Sensation of numbness of the extremities; they go to sleep easily. Genitals perspire and the sweat is offensive. Offensive perspiration on feet. Brittle nails. *Aggravation.* From cold. *Amelioration.* From wrapping up warm.

Spongia test.—Eruption coming on after a cold, with dry croupy cough. Persons with goitre. Appears especially on the face.

Sulphur.—Herpes, with great itching, with burning and soreness after scratching. Herpes appearing about the mouth and nose. Face pale and colorless. The lips are bright-red. Headache with a sensation of a band around the head (Mercur.) Aversion to water and open air. *Aggravation.* After scratching; from washing (Ant. crud., etc.).

Tillarium.—Herpes filled with a watery excoriating fluid, smelling like fish-brine. The vesicles are bluish or purple. Congestion to the head with faint sensation. Copious perspiration all over the affected parts. Ring worms all over the body.

Thuja.—Herpes all over the body, from suppressed gonorrhœa; itching and burning violently: Herpes zoster. *Aggravation.* From cold water; from the heat of the bed; in the evening and at night. *Amelioration.* From gentle rubbing; from warm water.

Zincum met.—Herpes, with violent lacerations. Suppurating herpes. Violent itching. Itching in the bends

of the joints. *Aggravation.* In the evening. *Amelioration.* By touching the parts.

Pemphigus.

Wilson in his "*Lectures on Dermatology*" (p. 123) remarks: If we analyze the pathological character of pemphigus, we shall discover it to be an erythema attended with serous effusion beneath the epidermis, the effused fluid raising the horny layer of the cuticle into a blister or bleb. This effused fluid is at first clear or yellowish, but afterwards becomes cloudy and purulent, while the surrounding skin is either normal in color or reddened. Red lines frequently radiate from the bullæ (lymphatic or capillary vessels). If we remove the epidermis, we at first find the corium exposed; a little later in the disease new epidermis is formed, so that the contents of the bullæ lie between two layers of epidermis. When the blebs are healed, a dark spot remains, more rarely a cicatrix. These blebs are usually grouped in threes or fours and attain the size varying between that of a pea and a hen's egg. The fluid may be quickly re-absorbed or the bullæ simply shrivel, the distended globe becoming fluid, or the blebs burst and the fluid dries into crusts of lamellar aspect, beneath which is very slight ulceration. The bullæ generally occur in successive crops; they develop in the course of a few hours and are usually distinct. The reaction of the fluid is generally alkaline, but with turbidity comes acidity. The local symptoms are, slight itching and smarting at the outset and more or less soreness. The healing process is tardy and in cachectic subjects sloughing may occur. The disease attacks all parts of the body, but rarely the head, the palms of the hands or the soles of the feet. Sometimes the mucous surfaces, as of the intestines, vagina, mouth, etc., are the seat of bullæ in pemphigus.

When pemphigus is generalized, the eruption is seen in

different stages of development on different parts of the body. At one part it is a reddened surface, where the cuticle is beginning to be wrinkled; at another a bleb is formed; at another the cuticle is exfoliating and leaves violet-colored stains or superficial excoriations or ulcerations, either bare or covered with crusts.

Most authors divide Pemphigus into two groups, Acute and Chronic; but Hebra states, that he never met acute pemphigus; for as it is seen in children (*pemphigus neonatorum*) it should have received other names. Steffen (*Wiener Med. Wochenschrift*, 1866), gives three forms: 1st, Pemphigus occurring in apparently healthy children and ending favorably. 2d, Pemphigus occurring in marasmic children. 3d, Syphilitic Pemphigus. Fox (*Skin Diseases*, 212) divides it in a syphilitic and non-syphilitic form. The former belongs to the congenital syphilitic diseases, and the latter is often the result of blood-poisoning, as from puerperal fever, dysentery, etc.

Steffen's first class is not of a serious character. Blebs appear on the neck or chest, containing a pale fluid; they rapidly increase in size and give rise to excoriations which are soon covered with a yellowish crust. Healing soon takes place and the child recovers. Far different appears the pemphigus in children in whom the eruption is the result of cachexia. Here apparently healthy children are seized with severe constitutional symptoms; the skin is livid, the areole of the bullæ are dark, the contents fetid, the ulceration is unhealthy, deep, its surface is dark, blackish and exudes an ichorous matter, the edges being livid, shreddy, so that large circular, depressed, black, gangrenous ulcers, acutely produced, are present, the feet and hands may be affected, and the limbs, the genitals, the abdomen, even the mucous surfaces and head; death occurring about the tenth or twelfth day.

Stokes describes a *Pemphigus gangrenosus* among the ill-fed Irish children, with a purplish base of the bullæ,

sanguinolent contents, ichorous discharge, and a good deal of sloughing and gangrene, the disease being propagated by successive crops for weeks, and the children die worn out by irritative fever and exhaustion.

Why Hebra denies to this infantile eruption the name of pemphigus is an enigma to us, for Wilson (l. c. 130) truly remarks that "Pemphigus (chronic) is a grave and serious affection, an associate of cachexia, always a symptom of a depressed vitality of the organism, and not infrequently the sign of a fatal state of disorder of the economy." The transparency, the bright color and the benignant purulency of the bullæ of pemphigus are always grateful to our eye as being of good omen. But the purplish and purple and leaden-colored tints are less satisfactory. Sometimes the fluid of the bleb may be reddened by the admixture of blood, the result of accidental pressure or friction, but it may be also the consequence of hæmatolysis, which betokens a state of cachexia in a more or less advanced degree.

Chronic Pemphigus is characterized by the great length of time during which new eruptions of bullæ appear, which lower the vitality and finally induce death by exhaustion (Neumann, 191).

Hardy and others describe two varieties of *chronic pemphigus*, namely *pruriginous* and *foliaceous*. In the former affection the skin presents small blebs, the volume of which seldom exceeds that of a pea, containing sometimes serum or pus. The eruption is attended with most distressing itching, so severe as to prevent sleep. Patients scratch furiously and leave the marks of their nails in the form of long excoriations and black points, and the skin turns to a brownish hue by an increased production of pigment.

Pemphigus foliaceus commences on the front of the chest by a single bleb, and then, by the development of others around, spreads over the whole surface, the bullæ being

more or less imperfectly formed; the skin is red in many places, but there is not much infiltration, nor is itching severe. After the bullæ form, large yellowish squamæ are produced, with more or less desquamation; the scales, which may be large, are the remains of imperfectly formed bullæ; they are free at their margin and they are reproduced very rapidly. The bullæ are successive and confluent. Oftentimes the skin exhales an offensive odor. The scales resemble fragments of parchment, and vary in size from three-quarters of an inch to two inches. No part of the body is free from them, and they are so freely produced that they fill the patients bed in a few hours. Under them (Hillier, 147) is found a red surface, slightly ulcerated, from which flows in small quantities a secretion slightly plastic, having a nauseous fetid odor. This is often a fatal form of disease, death being ushered in by the irritation of the mucous surface and dropsy, especially in old people who are weak and out of health.

Diagnosis. One of the most distinctive features of pemphigus is the absence of exudation *into* the cutis, so that there is no elevation except what is caused by the fluid, which detaches the cuticle. From herpes iris it differs in this that that disease passes away without returning, whereas even in acute pemphigus new accessions of bullæ are continually formed. Pemphigus foliaceus closely resembles pityriasis rubra, but the formation of blebs and the copious discharge distinguish the former from the latter.

Prognosis. Single bullæ recurring only after a long interval are never dangerous to the patient. If their number greatly increase and their contents rapidly decompose, lymphangitis is set up in the neighborhood, the patient is weakened, pyæmia ensues, or pneumonia, nephritis or pyelitis and the prognosis becomes unfavorable (Neumann). In all cases the cure is slow and recurrence of the disease frequent. The general condition of the

patient must be our guide, and a cautious opinion should always be given.

Therapeutics. Neumann considers quinine of all internal remedies alone worth mentioning. The local treatment consists in the use of baths, douches, enveloping the body in wet clothes, painting the skin with tar, and tar-baths, covering the skin with various ointments and dusting the surface with starch or semen *Lycopodii*.—Bazin recommends puncturing of the bullæ, in order to diminish the irritation, and then to treat them as ordinary blisters, and dust them with emollient or slightly astringent powders.—Hebra reports no benefit from internal remedies. With continued baths, *i. e.*, the patient kept under water night and day, he obtained an apparent permanent cure, after respectively one hundred, seventy-six, forty-seven and twenty-six days' immersion.—Fox treats acute pemphigus as a typhoid disease and praises chlorate of potash and quinine with wine in children.—Stokes advises an ointment of *scrofularia nodosa* in the gangrenous form. In chronic pemphigus plenty of good animal food, a due attention to elimination, with the mineral acids and cod liver oil may improve the state of health. In the pruriginous variety Conium, Aconite, or Quinine internally, with alkaline baths. A very good application to cool and comfort the surface is a mixture of common whiting, glycerine and water, made into a thinnish paste and spread over the surface by means of a brush.

Kafka and Behr affirm that we do not possess any simile for pemphigus. The former even considers internal medication unnecessary, and the latter truly remarks that the symptoms of the cohexia indicate the remedy. *Laches.*, *Arsen.*, *Cinchon.*, *Ferrum*, and *Sulphur* may be consulted as constitutional remedies.

Raue considers pemphigus neonatorum a symptom of hereditary or congenital syphilis, and regards anti-syphilitic treatment therefore as necessary. For chronic pem-

phigus he recommends Arsen., Canthar., *Caustic.*, *Cinchon.*, Kreos., *Laches.*, Mercur., RANUNC. BULB., RHUS TOX., and Sulphur.

Hughes (*Manual of Therapeutics*, 465) says: Pemphigus, when recent, may be cured by *Rhus tox.*, as I can testify. When chronic, there is such a body of evidence in favor of *Arsen.* being specific, that it would seem loss of time to give any other medicine.

Russel (*Skin Diseases*, 91) gives two important directions in regard to treatment, viz., the patient should be allowed full diet, to impart vigor to the system, as deficiency of vital force seems to be one of the chief predisposing causes of the complaint; and secondly, it is of great consequence to support the blisters, and thus to prevent the premature discharge of their contents, for they possess irritating properties and tend to aggravate and extend the disease if allowed to flow over the skin; besides, too early rupture of the cuticle exposes the raw skin beneath to the injurious effects of friction. Indeed it is better when the blisters do not burst at all, but dry up.

Rayer strongly recommends the use of a perforated patch of rag, spread with simple ointment, to afford support to the margin of the vesicle where it is most likely to give way, and to diminish its elevation above the surrounding skin, so as to lessen the risk of the upper part being rubbed off by the unavoidable friction to which it must be exposed.

Specific remedies may be:

Belladonna.—Watery vesicles (on the palm of the hand and tibia), so painful that he would like to scream.

Causticum.—Large vesicles on the chest and back, with anguish in the chest (orthopnea), and fever, consisting of chilliness, heat and sweat; large painful blisters on the left side of the chest and back, which burst; these symptoms are accompanied by great feverish heat, sweat and anxiety.

Phosphorus.—Painful hard blisters in various parts, not itching; blisters bursting with moisture.

Rhus tox.—"Confluent vesicles; most of them containing a milky or watery fluid, with peeling off of the skin in three days."

Eggert (*A. J. H. M. M.*, 3, 138) publishes the case of a girl of feeble constitution and phlegmatic temperament, where Lachesis²⁰ removed the tonsillitis, but there appeared a pemphigus on the thumb of the left hand and one on the third finger which caused terrible burning pain. The blisters were small, situated upon a highly inflamed base. Lycop.²⁰ in water, a teaspoonful every four hours, *in three days well*.

Dr. Small (*U. S. M. & S. J.* VII., 293) cured with *Bryon*.⁶ in five days a case of pemphigus from sudden check of perspiration.

We take the two last cases from our journals, but we question the propriety of calling these blisters pemphigus, as we miss the essential constitutional symptoms mentioned by our best dermatologists as characteristic of the eruption. In fact we consider the constitutional symptoms of far more value than the local ones; and it is therefore easily understood why it takes such deeply penetrating remedies, as Arsen., Caustic., Laches., *Rhus tox.* or *venen.* to have any influence on the disease.

Rupia.

Rupia is classed with pemphigus under the order bullæ by a few authorities, but Hebra, Neumann, Fox, Wilson and others consider it a syphilitic eruption, and we place it, therefore, under the chapter embracing that class of diseases.

V. PUSTULAR DISEASES OF THE SKIN.

We include under pustular diseases only those in which the *presence of pus is a primary or essential condition*, the particular morbid condition of which we have to recognize and to remedy. Neumann (l. c. 44) defines pustules "as elevations of the epidermis, occasioned by collections of pus beneath it. The collections of pus originate either in the glands of the skin (acne), or on the substance of the corium (furunculus), or on the papillary layer (impetigo), or finally between the mucous and horny layer (small-pox)."

Pustules are of various size. If they are the size of a lentil or over and have elevated edges, and the contents dry to crusts, it is called *impetigo* (psudracion, cold pustule); they are simple vesicles produced on the surface of the skin and deriving their purulent contents from the cells of the rete mucosum, and when they dry and fall off, they leave behind them no mark on the skin, no trace of their previous existence. If they are larger, showing a circular periphery, the purulent contents at the same time being mixed with blood and the crusts thereby of a dark-brown color, it is designated *ecthyma* (phlyzacion, hot pustule). They are always more deeply seated, originating in the walls of a follicle, sinking deeply into the corium and deriving their pus from the connective and other tissues of the substance of the skin. Hence it is slower in its progress, more permanent and more lasting, and when the scab falls off, in a longer or shorter time, it leaves behind it a pit and a cicatrix of lasting endurance.

Impetigo.

Impetigo is a superficial pustulating and non-ulcerating affection, and most authors agree in regarding it as a pustular eczema—an eczema occurring in a pyogenic habit of body and described therefore as eczema impetiginoides and

as impetigo eezematodes. It is true, that variously sized pustules may form during processes of inflammation resulting from injuries, burns, chemical or otherwise, cutaneous poisons, etc., but it cannot be denied that we frequently find impetigo in scrofulous subjects, in whom there is great vulnerability of the skin, so that any little irritation or wound of the skin at once begins to fester. It is always a secondary morbid product, appearing either as a sequel of other cutaneous diseases or accompanying other morbid products. Some authorities justly discard impetigo or classify it with ecthyma, as the treatment is the same. Impetigo as seen in children, and by some considered as an independent disease, can still be only considered as an offshoot of a scrofulous constitution; and *impetigo figurata* (when the pustules are arranged in circular or oval groups), *impetigo sparsa* (where the pustules occur singly without any regular distribution), *impetigo crysipelatodes* (where the surrounding skin shows all the local and constitutional symptoms of erysipelas), *impetigo sycosiformis* (crusta lactea of others), and *impetigo capitis* are sub-divisions insisted upon by some dermatologists, but which may be safely omitted in our nomenclature of skin diseases.

Tilbury Fox (l. c. 224) describes an *impetigo contagiosa* as very frequent in England, and Wilson and Anderson confirm the observation. The disease is seen especially in hospital and dispensary practice amongst children of the lower orders; but it also occurs in those who have all the advantages of social position and good hygiene. Smart pyrexia frequently accompanies the development of the disease. The eruption mostly appears first of all on the face, sometimes on the top or back of the head, in the form of vesicles, which enlarge into flat bullæ if not injured by scratching. Sometimes the hands are first attacked and the disease then extends to other parts of the body. The vesicles are always isolated, and in five or

six days the vesico-pustule reaches the size of a silver quarter of a dollar, unless ruptured. The secretion consists of lymph-like fluid, granular cells and subsequently pus-cells. The scabs are flat, straw-colored, dry and granular looking, and appear as if "stuck on" to the part: if removed, little sores are observed beneath, more or less filled in by gummy-like secretion or a little pellet of aplastic lymph, and when the scabs fall off there is an erythematous base left behind, the hue of which gradually fades away. The disease may spread from spot to spot by direct inoculation from its secretion, in the act of scratching. The mucous membrane of the eye and the nose are sometimes implicated. Many children in a house may be attacked by contagious impetigo at one and the same time, or consecutively. The *disease is not parasitic*, as Kaposi and Piffard assert, and though fungus elements may be detected in the crusts, they are never found in the fluid contained in the vesico-pustule before it bursts. The natural course of the disease is a short and definite one.

Treatment. To destroy the activity of the pus and to alter the condition and action of the surface which secretes it, Fox uses an ointment containing five grains of Ammonio-chloride of Mercury and applies it to the surface beneath the scabs, which are removed by poulticing or fomentation with warm water.

Kafka (*l. c.*, II., 469) advises puncture of the pustules as quickly as possible, in order to evacuate the pus and thus to prevent its injurious consequences to the surrounding tissues. We have to remove the irritation which caused the eruption. For pustular eruptions may be recommended *pro re nata*: Ant. tart., Hep. sulph., Calc. carb., Merc. sol. and præcip. rubr., Bellad., Jod., Rhus tox., and in obstinate cases, Arsen. and Silic.

Bæhr (*l. c.*, II., 525) recommends, in children, when the face or the scalp is attacked, *Mercur.*, as long as there is redness around the eruption. *Hepar* sometimes cuts the

disease short. When the affection is more chronic, *Ant. crud.*, *Lycop.*, *Arsen.*, *Calc. carb.*, *Nitr. ac.*, *Clematis*, *Lycop.* and *Staphys.* suit for impetigo of the lower extremities (where, according to Heitzmann, it is frequent and obstinate on account of the frequent motions of the limbs, and gives rise to ulcerations resembling those described as varicose ulcers). Sulphur, according to Hartmann, will only act favorably in impetigo if given in not too small a dose. *Graphit.* shows many characteristic symptoms. *Mur. ac.* in impetigo of old people on the lower extremities, with burning pains. *Conium*, *Carb. veg.* and *Sepia* also deserve to be mentioned.

Teste (*Diseases of Children*, 196) gives *Dulcam.* twice in the forenoon and *Clemat.* once in the evening. *Silic.* will be necessary in the case of lancinating, very intense itching pains, and where there is an abundant suppuration.

Hughes (*l. c.*, 464): *Viola tric.* in recent cases of the simple kind; *Ant. tart.* for impetigo erysipelatodes; *Ant. crud.* and *Kali bich.* for chronic impetigo. He also speaks favorably of *Arsen.* and *Conium*.

Hale: *Alnus*: Scrofulous and cutaneous eruptions; diseases of mucous membranes, which arise from or alternate with eruptions of the skin; *Ars. jod.*, *Carb. ac.*, *Carb. sulph.*, *Juglans*. There is, however, still too much generalization in the "*New Remedies*;" we need more characteristics and closer individualization.

Russel (*l. c.*, 126): *Arsen.* Pustular eruptions on the head, the temples and between the eyebrows, causing painful itching as from a sore; eruptions principally about the lips and nose; pustules on various parts of the body, which cause burning pain and great anxiety.

Calc. carb. Eruptions on the hairy scalp, with glandular swellings of the neck. Scrofulosis.

Cic. vir. Extensive suppurating eruptions on the hairy scalp or in the face, with yellow scurfs and burning pains.

Graphit. Humid eruption at the top of the head, painful to the touch; small pustules on the chin and chest.

Hepar sulph. Humid scald head.

Kali bich. During the first week a profuse yellow scabby eruption over the upper lip.

Mercur. Humid eruption on the hairy scalp, eating away the hair, with painful pressure, especially at the sore places; pustules on the upper and lower limbs, the tips of which are filled with pus, and itch; impetigo on the abdomen, thighs and knees.

Nitr. ac. Scurfy, humid, itchy eruption on the hairy scalp.

Rhus tox. Burning, itching eruptions, particularly on the scrotum, prepuce, eyelids and eyes, arms and loins, with swelling of the parts, and small yellowish vesicles which run into each other and become moist, the larger ones terminating in suppuration, with red areolæ, the smaller ones drying up more rapidly and scaling off in a few days.

Sepia. Small itching pustules on the occiput towards the nape of the neck, forming into ulcers the size of an inch, with rough crusts, under which the secretion continues for a long time.

Staphis. A number of itchy scabs on the hairy scalp; humid scabs with bad smell.

Sulphur. Pustules, containing thick pus; forming yellow crusts and itching; crusta lactea.

E. Blake (*B. J. of H.*, XXV., 119) gives the following indications:—Itching pustules, *Croton tigl.*; burning itching, *Kali bich.* *Antimony* is the pustular remedy par excellence. Impetigo capitis is best treated by *Conium*; or where there are glandular complications by *Dulcam.* Impetigo faciei, *Dulcam.* Strumous impetigo, *Hepar.*

G. W. Richards cured a case of impetigo figurata with *Viola tric.*, a dose four times a day. Strumous constitu-

tion, pustular eruption on whole upper lip and chin; a thick, yellow, friable semi-transparent incrustation covered the part. (*II. W.*, VII., 260.)

General Indications for Remedies Useful in the Treatment of Impetigo.

(From the Lectures of Professor A. R. Morgan.)

Antimonium crud.—Eruption forming thick heavy yellow crusts, with burning; crusts granular, like honey; eruption about the face. *Aggravation.* From bathing the parts. *Amelioration.* In the open air.

Antimonium tart.—Pustules with red areola. Nausea; gastric derangement. (See Ecthyma.)

Arsenicum.—Black pustules filled with black blood and pus of a fetid smell. A painful sensation on scalp and face as from cutaneous ulceration. *Aggravation.* From cold and touch. *Amelioration.* From warmth.

Baryta carb.—Especially old people. Thick crusts behind the ears. Shy persons. Fat, dumpy children, with swollen lymphatics. Sore throat, with swelling of the tonsils after the least cold. *Aggravation.* At night and when thinking of the disease. *Amelioration.* When walking in the open air.

Calcareacarb.—Especially during dentition. Dry crusts; sweat on forehead particularly in the evening. Sensitiveness of the roots of the hair.

Cicuta vir.—Impetigo sparsa. Eruption on chin and lower part of face, forming thick yellow crusts. *Honey-like* crusts, which fall off and leave a bright red smooth surface; painful eruption on the scalp—non-inflammatory eruption. The eruption on the head and behind the ears burns and itches.

Clematis erecta.—Especially after abuse of mercury—in psoric constitutions. Pimples on forehead, root of nose and sides of nose. Pustular eruption about the lips, tender to touch. Large pustules about the loins. Eruption

changes its character during the changes of the moon. *Aggravation.* By the heat of bed, washing, and from 3 to 5 A.M. Feels exhausted on waking.

Conium mac.—Sero-purulent eruption in aged people—old maids with hypochondriacal humor. Vertigo when turning over in bed, looking up, etc. Old men, weak and feeble. Scrofulosis, with engorgement of the lymphatics. Sero-purulent eruption especially on the mons veneris.

Croton tig.—Pustular eruption upon an inflamed base, with itching and stinging pain. Eruption upon the septum of the nose, plugging the nostril. Eruption on belly. Pustular eruption on nipple. Sore nipples of nursing women.

Graphites.—Scabby eruption with excessive oozing. Eruption around mouth and nose, in the whiskers. The hair falls out. Corrosive blisters about the extremities, toes and fingers. Dry skin, very sensitive to cold. Cold hands and feet in females with scanty menses.

Hepar sulph.—*Characteristics.* Eruption after abuse of mercury. Sensitive to touch; tendency towards ulceration. Humid scabs and pustules upon the head, oozing a substance with fetid smell; swollen cervical glands. Cracks behind the ears—hands cracked and dry.

Kali bich.—Dry eruption. Pustules which go away without bursting.

Iris vers.—Impetigo capitis with gastric complaints.—nausea and vomiting.

Kreosotum.—Pustular eruption, without pain, all over the body, especially on chin and cheeks. Sticking pains especially in points. Sad and weeping. *Aggravation.* In open air. *Amelioration.* In warm room.

Lycopodium.—After abuse of mercury. Itching and suppurating eruption on head and face, full of deep cracks. Abundant and fetid discharge. Fetid and moist scabs behind the ears. Humid tinea capitis.

Mercurius.—Swelling and suppuration of glands. Gas-

tric derangement; moist scabs with excoriation of the scalp and destruction of the hair. Yellowish scabs on face, with discharge of fetid humor. Yellowish scabs especially around the mouth.

Nitric acid.—After abuse of mercury. Eruption on head; pricking on being touched. Pustular eruption on face, with large red margin and heavy scabs.

Rhus tox.—Small pustules on black base. Greenish pus with violent itching at night. Humid eruption with thick scabs on face and head, destroying the hair, with fetid smell. Eruption on nose, extending to face.

Silicia.—Eruption resembling varicella. Violent itching of the scalp; moist scald head. Growing pains. *Aggravation*. From cold. *Amelioration*. From warmth.

Sulphur.—Dry, thick, yellow scabs on scalp, attended with profuse discharge. Great itching relieved by scratching. Purulent eruption on elbows.

Thuja.—Eruption all over the body; itching and shooting especially at night. Pustular eruption about the knees. *Amelioration*. From gentle rubbing.

Viola tricol.—Pustules and scabs upon face, with burning and itching, and discharging a fetid pus; sensation as of tension of the integument of the face. The urine smells like the urine of cats. *Aggravation*. At night.

Ecthyma.

Ecthyma is the true pustule of the skin, and is variously modified by the constitution and age of the patient. It is essentially a disease of debility, of a low state of tone of the system, and consists of isolated phlyzacious pustules—viz., those which are “large, raised on a hard base, of a vivid red color, and succeeded by thick, hard, dark-colored scabs, beneath which there is ulceration.” The shoulders, buttocks, and limbs are the parts usually attacked. The seat of the disease appears to be the upper-

most layer of the derma, not unlikely about the glands of the skin. The depth of surface involved is less than in furuncle, and there is no core. The tendency to ulceration and sloughing, the lividity of the inflammatory areola, the disturbance of the general system, all point to a cachectic condition. Hebra, Neumann, Kafka and others consider them as abscesses in cachectic persons and surgery as the remedy.

The primary exciting cause is, emphatically, scratching, the secondary or predisposing causes, such as lead to debility and an impoverished state of the blood.

The anatomical seat of ecthyma is said by Simon to be between the cutis and cuticle, and not in an enlarged follicle. The central depression may be due to an early drying up of the cuticle at the point where the formation of the pustule begins, and so form a union of it with the cutis that the cuticle and cutis cannot be separated at this spot by the accumulated pus. In these cases the epidermis near the central depression has usually a brownish or yellow color.

Acute ecthyma commences with slight fever and occasionally sore throat; locally there is at first a sense of heat and burning, and then the pustule runs its course through the different stages. The disease may be protracted by successive crops of pustules or it may relapse into a chronic state. When, as is more commonly the case, its outbreak and course are tediously prolonged for weeks and even months, it is called *ecthyma chronicum*. A form of the eruption met with in ill-fed and ill-treated children, has been designated *ecthyma infantilis*. The divisions into *ecthyma luridum*, *cachecticum*, *gangrenosum*, may be stricken out as of no practical value whatever.

The prognosis is to be made according to the general condition of the patient. The ecthyma of itself is of little importance, save when it is accompanied by sloughing, as in old people.

Treatment. In our treatment we must recollect that ecthyma is a cachectic disease, and we must endeavor to regulate digestion and elimination, and at the same time or immediately after do all in our power to restore the healthy tone and vigor of the organism.

Locally Wilson recommends lotions of lime-water and oxide of zinc, or the benzoated ointment of zinc. Where ulceration is established, the unguentum resinæ will be required, or solutions of carbolic acid, nitrate of silver or chloride of zinc.

Fox remarks, that no two cases of ecthyma are exactly alike, and the special knowledge of the physician is often needed to detect some flaw in the performance of the organic function, which mainly determines the occurrence of the disease.

Bähr (II., 527): Ecthyma for itself, as long as there are no malignant manifestations, needs no medical treatment. Our best remedy for pustular diseases is Ant. tart., as long as the disease does not take on a chronic state, and is far preferable to Mercur. *Arsen.*, *Staphis.* and perhaps *Lycop.* may be thought of on account of the successive crops. Our aim must be to treat the constitutional ailment, as the eruption is only a solitary symptom, without neglecting to take good care of the skin.

Russel (128) mentions: *Arsen.* Pulse 110; white pustules, some isolated, the greater part confluent, on the forehead, round the eyes, cheeks, arms, shoulders and upper part of the chest; they terminate in thick crusts and leave well-marked scars.

Kali bich. Eruption of red round spots on the back, arms and abdomen; the spots form pustules the size of a pea, covered with a scab, which came off in a few days and left a small dry ulcer, which healed up in about a fortnight, leaving a colorless depressed cicatrix.

Mercur. Suppurating pustules, which either run into one another, discharging an acid humor, or which remain

sore, become hollow and afterwards raised and cicatrized ; new pustules spring up in the neighborhood.

Tart. emet. Large, round, full, burning pustules, with red areolæ, forming in two days and leaving deep scars ; pustulous eruption, the pustules filling with pus, drying up in a few days, and sometimes leaving deeply penetrating malignant ulcers.

General Indications for Remedies Useful in the Treatment of Ecthyma.

(From the Lectures of Professor A. R. Morgan.)

Antimonium crud.—Yellowish or brownish scabs on the face ; apt to occur on fat people ; bitter taste in the mouth. Longing for acids ; loss of appetite ; nausea. *Characteristic.* The air which he inhales feels cold to the nose. *Aggravation.* From bathing the part. *Amelioration.* From open air.

Antimonium tart.—Pustules with red areola, which leave large scars behind. Crusts brown. Eruption very painful. Decided drowsiness, with nausea ; longing for acids, with aversion to milk. The eructation tastes like sulphur. Severe colic pains ; short breathing and rattling respiration. Don't like to be touched. *Aggravation.* In the evening and by sitting or standing and by bending forward. *Amelioration.* In the open cold air.

Arsenicum.—Red pustules with intense burning. Severe ulceration ; painful black pustules, gnawing, burning and itching. Black eruption on the scalp. *Aggravation.* From cold. *Amelioration.* From warmth.

Belladonna.—Pustules surrounded by a whitish areola, with an erysipelatous inflammation of the skin ; burning and itching with great sensibility to touch. *Aggravation.* From touching the parts ever so softly.

Cicuta vir.—Burning suppurating eruption occurring about the face, with yellowish crusts.

Croton tig.—Pustules confluent, oozing, and forming greyish brown crusts especially on the abdomen. Burning all over the surface of the body. *Aggravation.* After stool and after eating and drinking. *Amelioration.* After sleep.

Kali bich.—Pustules all over the body—in the early stage having a small brown scab on the summit. Pustules at the roots of nails, spreading over the hand. Pustules resembling small-pox, with a hair in the middle; comes on especially in summer; in light haired persons. *Characteristic.* Sensation as of a hair at the root of tongue, which is not relieved by swallowing or eating. *Aggravation.* During summer. *Amelioration.* From heat.

Krcosotum.—Large fat greasy pustules, with violent itching towards evening. Sensation in the skin as if from ulceration. Ulceration on face and chin. *Aggravation.* During repose.

Nitric acid.—When touching the pustules they feel as if a splinter was sticking in them.

Mercurius.—Pustules bleed easily—painful to touch.

Petroleum.—Itching and burning pustules, with great weakness on exertion; great lassitude. *Aggravation.* From exposure to open air. *Amelioration.* From warmth and warm air.

Pulsatilla.—Eruption better in open air and worse in a warm room.

Rhus tox.—Pustules upon a red base; black pustules, forming hard scabs, with burning and itching. *Aggravation.* In cold weather.

Scule corn.—In scrawny people with rough skin, especially females; black pustules with tendency towards gangrene. *Aggravation.* In warmth. *Amelioration.* In cold.

Silicia.—All over the body—and especially on the back part of the head—sensitive to contact. Burning and soreness after scratching. *Characteristic.* Aversion to warm food. *Aggravation.* In cold. *Amelioration.* From warmth.

Sulphur.—Dry thick yellowish scabs all over the body, especially on the scalp, always attended with great itching, painful to touch. Stooping figure; dry skin. Aversion to washing. *Aggravation*. From washing, from touch, and on getting warm in bed. *Amelioration*. From warmth.

Thuya.—Suppurating pustules, especially on lower extremities. *Aggravation*. From touch. *Amelioration*. From gentle rubbing.

Furunculous Affections.

Wilson (*l. c.*, 145) puts furunculous affections, impetigo and ecthyma under one head. Neumann devotes a special chapter to them under the title of phlegmonous inflammation. Fox follows Wilson. Hillier agrees with Neumann, but calls them gangrenous inflammation; and thus ad infinitum. It is certain that they are far more than a mere pustule, if its definition: "an elevation of skin produced by a collection of pus," be correct. Wilson shows that their principal morbid characters, are a deeper implantation within the skin, a more advanced development in the nature of the inflammatory product, and, beyond the pyogenesis, a tendency to gangrene and sometimes to ulceration. They differ from impetigo and ecthyma in being deeper, and by their pustules containing in the centre a dead piece of tissue which is called the *core*. When the *boil* contains several cores and the cellular tissue is much involved and more or less sloughy, then a *carbuncle* exists.

There are two kinds of furuncles, follicular furuncle and cellular tissue furuncle.

A *follicular boil* is a circumscribed inflammatory infiltration, having its origin in a hair-follicle or sebaceous gland, which is distinguished by its hard consistence, deep redness and slow suppurative destruction. The first symptom is a sensation of tension, even before the skin is reddened; but even at this time an infiltration can be

appreciated by delicate touch. This plug irritates the neighboring tissue; inflammation and suppuration take place around the core, which becomes loosened and is finally cast off. The arteries and veins in and around the core are filled with coagulated blood.

Boils of the cellular tissue are hard, diffuse infiltrations of the corium, which become gangrenous in large portions and destroy the subcutaneous cellular tissue to a considerable depth. They frequently become confluent, and great portions of the skin slough, so that even the muscular tissue may be exposed.

The causes of furuncles may be for the greater part local, but we find in most cases *constitutional irregularities* as the predisposing cause. It is yet a question whether high living and dyspepsia are alone so much to blame, since we find them as frequently in persons forced to breathe continually an impure air, in close rooms with imperfect ventilation. Boils may appear in any part of the cellular tissue, but the neck, hips and buttocks are frequently the seat of the disease, and there are cases of successive crops of boils, so that the disease often lasts a considerable time. Furunculous ecchymata are often found in association with furuncles, thus establishing a relationship between them.

Hordeolum or *Stye* is a little boil commonly met with on the eyelid.

Anthrax—Carbuncle. Anthrax is distinguished from furuncle by the deep gangrenous destruction of the skin, embracing both the corium and the subcutaneous tissue, whose necrosed masses, together with the scantily formed pus, are discharged through several sieve-like openings, corresponding to the numerous necrosed cores. The surrounding parts are reddened, hard to the touch from plastic infiltration and the vessels are plugged up. The formation of anthrax is attended with severe tension and pain, which is the more severe in proportion as the

part affected is more or less rich in nerves and sensitive. There is fever during its whole course, and if the process is not stopped, chills and pyæmic symptoms may appear. The healing process is often indolent, the parts remaining indolent, dusky, shreddy and also sloughy. The patient, if the attack is severe, gets into a very depressed state. The usual place of carbuncle is the back, from the nape of the neck to the pelvis, though any part of the body may be attacked. Dangerous symptoms may appear in anthrax and furuncle of the face, forehead or nape of the neck, by being readily complicated by phlebitis. This phlebitis of the face is fatal by the propagation to the sinus of the dura mater, or by becoming a source of purulent infection. Carbuncles are common in advanced life, although they are found at any period and in any condition of life.

Fox (*l. c.*, 235) sums up the following conditions under which boils or carbuncles appear: 1. During seasonal changes in spring and summer. 2. From eating diseased meat (frozen). 3. When any special alteration is made in the ordinary habits and economy of the body, as in the training of prize-fighters. 4. From the influence of cadaveric poisons. 5. From sudden changes of diet. 6. After fatigue of long duration. 7. During convalescence from debilitating diseases. 8. As a consequence of the action of septic poisons, as in fevers, etc. 9. In albuminuria. 10. In the diabetic habit. 11. During adolescence, and in the first stage of manhood. In most of these cases there are debility and an overloaded state of the system; for example the circulation of urea, of sugar, of septic poison or of effete matter, which is plentiful during convalescence; and it only needs the action of some local irritant to determine the development of furunculi in the parts to which that irritant is applied.

Treatment. Brewer's yeast has the reputation of being decidedly beneficial in boils. It may be given between

meals, a tablespoonful three times a day. Quinine in large doses, so as to cause decided head-symptoms, finds favor also with some practitioners. Hardy recommends the aqua picea. Neumann, free exercise in the open air and regulation of the diet to check the disposition to furunculosis in those who suffer continually from boils in consequence of too close confinement. Locally the best treatment is to open the furuncle with the knife as soon as possible. To diminish the pain during the operation, a freezing mixture may be applied before opening it, followed by cold water dressings. This treatment is also applicable to anthrax, with the difference that in this several cross-cuts must be made. Ether or rhigolene spray may take the place of the freezing mixture. Some surgeons prefer subcutaneous incisions.

Fox justly remarks, that the internal treatment varies according to the state of the patient. In the slighter forms or at the beginning, the abortive treatment of pressure might be tried, by means of soap-plaster; but in the vast majority of cases boils run on to suppuration, and the rapid evulsion of the core should be encouraged. Poulticing should be confined as much as possible to the exact seat of the local inflammation, as from the neglect of this precaution fresh boils spring up around the old one. To hasten the maturation and exit of the core, potassa fusa or acid nitrate of mercury must be applied around the indicated locality. The same treatment holds good for carbuncles, but if pressure fails and there are serious tension and pain, the swelling must be incised. The incision should be subcutaneous, crucial or single, as the case may be.

Helmuth (*Surgery*, 469) teaches that patients are cured as speedily and more radically by homœopathic remedies, and we, therefore, refer our readers to that excellent compendium for the treatment of furuncles and carbuncles.

Kallenbach introduced into our materia medica *Culca-*

rea muriatica, internally as well as externally. We commonly put an ounce of the salt into a quart bottle of water, and find this solution strong enough for maturation and expulsion of the necrotic tissue. *Arsen.*, *Bellad.* and *Silic.* are the remedies which we find most frequently indicated.

Gilchrist (*Treatment of Surgical Diseases*, 379) recommends for boils: *Acon.*, *Arnic.*, *Bellad.*, *Hepar*, *Mercur.*, *Sulphur*; and for carbuncles: *Arnic.*, *Arsen.*, *Bellad.*, (*Calendul.*), *Laches.*, *Mercur.*, *Sulphur*. For particulars we refer to the work.

An exhaustive article on boils may be found in the *Hahnemannian Monthly*, Vol. VII., 510 and VIII., 70, where the remedies for the location of boils is strictly individualized; ending with the remark of Hughes and Madden, that a boil in the stage of inflammatory engorgement, before matter is formed, may almost always be blighted by repeated doses of the first dilution of *Belladonna*, and even later still its progress may be arrested by *Silicia*, and if they recur again and again, the constitutional tendency may, with equal frequency, be checked by a course of *Sulphur*.

Jahr (*Clinical Guide*, 39) recommends for anthrax, when caused by *infection*: *Arsen.* or *Lachesis*, unless *China*, *Rhus tox.*, *Silic.* or *Pulsat.* should be indicated. The common anthrax requires *Silic.* or perhaps *Cepa*, *Hyosc.*, *Lycop.* or *Nitr. ac.* Sometimes *Arnic.* is given with good effect at the beginning, after which *Nux vom.* completes the cure. *Lachesis*, dark redness around the sore and dark bloody pus; *Apis*, stitching burning pains; *Arsen.*, burning pains, as from live coals; *Stramon.*, pains so severe, that he becomes nearly distracted; *Lycop.*, warm poultices aggravate all the pains; *Anthrac.*, violent burning pains, not relieved by *Arsen.*, cerebral symptoms, absorption of pus by the blood, gangrenous destruction.

Kafka (*l. c.*, II., 419) considers *cold* as the most effectual

means to check the dermatitis and to prevent its spread. Ice bags, or ice mixed with salt, applied to the inflamed part and frequently changed, often reduce the inflammation to the minimum, assuage the pain and shorten the course. In favorable cases the patient gets well without the formation of abscesses or necrosis of the connective tissue, or instead of the latter only a benign suppuration appears. Ice bags applied early and energetically over a carbuncle may entirely prevent all destructive process; but such applications are only indicated so long as the patient finds them soothing and beneficial. As soon as cold increases the pain, we must change from cold to warm fomentations.

Where, in spite of the application of cold, the pains, the heat and the tension are very intense in the inflamed cutis, we give *Acon.* for the simultaneous sthenic fever; *Apis* or *Bellad.* for cerebral congestions; *Merc. sol.* in afebrile states, with restlessness at night and sleeplessness; *Hepar* for hammering pains and horripilations, hinting at the formation of pus; *Nux vom.* or *Bryon.* for simultaneous gastric states. As soon as fluctuation is clear, the opening of the abscess should be early performed, as, where the pus remains too long inclosed, the patient may become cachectic, or it may lead to furunculosis. In anthrax also early surgical interference may be recommended. The more profuse the suppuration, the more a nourishing diet is indicated. If adynamia sets in, with necrotic destruction of the carbuncle, *Rhus tox.*, *Arsen.*, *Lachesis* or *Secale* have often stopped the gangrene and brought strength to the sunken vital powers. Where the strength rapidly fails, *Camphor.*, *Kreosot.*, *Sabina*, *Carb. veg.* are indicated. Against furunculosis we give *Phosphor.* with benefit, and *Nitr. ac.* or *Rhus tox.* when cold water treatment is the cause of it.

Behr (*l. c.*, II., 531) is totally opposed to all surgical interference, and especially to early incisions, and begs all

surgeons to try the cure of furuncles and carbuncles by internal medication alone. He recommends *Arsen.* from the start, and *Secale* as soon as cerebral symptoms set in, or *Phosph. Silicia* can only be indicated when suppuration is fully established. Soulé expresses himself also as against the treatment with the knife, and in favor of the expectant treatment, with emollient poultices. But a large anthrax he first destroys with the Vienna paste and opens on the following day, and then treats with the tincture of Iodine.

Malignant Pustule—Pustula Maligna.

This disease is characterized by a boil-like inflammation, accompanied by gangrenous changes, and produced by the contact of a certain animal poison derived from beasts affected with a disease called charbon. It occurs in those who touch the dead carcasses of "charbon" animals, or work with the hides and secretions of such diseased animals, or who are in constant contact with beasts, or are stung by flies that have feasted on the former. It is even said that the disease may be caught by eating the flesh of such diseased animals.

It commences as a papule of a livid color, and at the earliest stage the tissues around can be felt to be indurated to a considerable extent and depth, and distinctly creak on being incised. In from seven hours to two days the papule becomes like the vaccine pustule, only livid or black, and an erysipelatous redness extends around it, spreading oftentimes with great rapidity. The pustule and the swelling around steadily increase. The cuticle is then raised by effusion, and blebbed, and sloughing ensues. The pain is burning, but only in exceptional cases severe. The constitutional symptoms bear an exact proportion to the extent of the local mischief; the breath is offensive, the tongue moist and coated, the pulse quick and strong, becoming small and frequent, the skin is relaxed and clammy. The patients either die in coma, or, in

favorable cases, the disc of dead tissue in the centre sloughs, leaving a healthy, granulating surface behind. The disease is always the result of *direct local inoculation*.

The treatment consists in fully destroying at the earliest possible moment the eschar or vesicating part by potassa fusa, subsequently incising, applying charcoal poultices, with chlorinated soda washes, and internally, after a cathartic, free doses of tincture of steel, carbonate of ammonia, brandy and generous diet. (Fox, *l. c.*, 239.)

Helmuth (*Surgery*, 380) agrees as to the local treatment, but instead of a general internal treatment, states that the livid color of the pustule and the typhoid symptoms clearly point to another animal poison, *Lachesis*, as the simillimum. Dr. Carroll Dunham cured a case with *Lachesis* and stimulants (a bottle of Dublin porter every two hours, until the pulse revived and the restlessness subsided), and in his own case (*Am. Hom. Review*, IV. 31) it acted equally well. This distinguished physician, while assisting in the autopsy of a woman who had died of puerperal peritonitis, received a dissecting wound on the index finger of the left hand. Within a week the finger had quadrupled in size; the hand and forearm were much swollen and œdematous, a hard, red line extended from the wrist to the axilla, where the glands were swollen; intense pain; the whole left side was partially paralyzed. The constitutional symptoms were, extreme prostration, low muttering delirium at night, marked aggravation of suffering and prostration on awaking from sleep. *Lachesis* 12th was taken on the third day of the illness, and a dose thrice daily for five days, at the end of which period the constitutional symptoms had substantially vanished. The recovery of the finger was slow but complete.

Should we, in cases of malignant pustule, follow Baehr's advice, and rely entirely upon internal medication? Some cases may slowly recover under mere internal treatment, but certainly surgical interference ought not to be

made a bugbear of, and it is our duty to use every means giving any chance of alleviating the sufferings of our patients.

Neither *Arsenicum* nor *Arum triphyllum* correspond fully to malignant pustule, although each has adynamia among its symptoms. The restlessness of Arsenic, the dry tongue and involuntary diarrhœa, and the unconsciousness are secondary symptoms, and in *neglected cases* it may become the remedy for these consecutive symptoms of putrid infection. Nelaton recommends the application of walnut leaves on the malignant pustule. (*N. A. J. of II. XVI. 175.*)

Pustula Aleppensis, Bouton d'Alep.

This is a chronic inflammatory infiltration of the skin, affecting the outer corners of the eyes, the under eyelids, the cheeks, the point of the nose, the lips, and especially the lower extremities; principally attacking strangers who have moved to the East. It appears endemically. The natives are attacked mostly from the first to the seventh year of life; foreigners may have it at any age. The disease occurs but once in a lifetime. It begins as a small red spot, which is gradually developed into an indurated swelling. The edges of the ulcer are thick and infiltrated; the granulations are foul. After lasting from eleven to fourteen months, the ulcers become clean and a scar is formed.

A similar malignant pustule is known under the names "the Delhi boil, the Scinde boil," and so on. Dr. Fleming (*English Army Medical Report, 1869.*) has seen much of these diseases, and states that we should, as soon as the disease is recognized in the form of a small reddish-brown growth on the skin, apply strong nitric acid or potassa fusa over the surface. All these ulcers propagate themselves in various ways amongst individuals and bodies of men, principally, if not entirely, by their discharge, which is most contagious when a thick gummy-like exudation

appears at the upper part of a sore or from a scab, just previous to the commencement of ulceration.

Hæmorrhagiæ of the Cutis.

Purpura.

Purpura is an erythema (erythema porphyricum) associated with the escape of blood from the capillary vessels, so as to produce a purple spot in the skin. The spot may be a mere speck or *stigma*; it may have the appearance of a flea-bite or *petechia*, that is, a central point surrounded by a halo of a brighter tint; it may occur in stripes or wheels, *vibices*; or it may present itself as a diffused blotch, or *ecchymosis*. The color of purpura will vary with its age, ranging from bright crimson to purple-black, and its figure and extent with the degree of vital resistance of the tissues. When mild, it is called *purpura simplex*; when severe *purpura hæmorrhagica*, in which the hemorrhage may also come from any or all of the mucous surfaces. These spots never fade on pressure, are especially apt to appear on the lower extremities, and are most marked about the thighs and buttocks. They may be single or aggregated into patches, and appear fresh every day or at short intervals. Diet fails to influence the progress of the eruption, whereas in purpura from scurvy, fresh vegetable food will immediately check the disease.

Hæmatomata, blood cysts, when the blood collects in the form of a distinct tumor, arise when blood vessels are actually ruptured and so permit the escape of blood. It is an injury, not a disease, and belongs to surgery.

Secondary forms of cutaneous hemorrhages occur in connection with different zymotic diseases, as typhus, variola, etc., and are an ominous symptom of the disease, but not a cutaneous disorder.

Hæmatidrosis or blood sweating will be treated among the disorders of the sudoriparous glands.

Treatment. Turpentine, perchloride of iron and quinine are recommended.

Kafka (*l. c.* II., 479) recommends *Lachesis*, *Rhus tox.* or *Arsen.* for simple purpura. *Secale* or *Ergotin* also deserve our consideration, having been found useful in internal capillary hemorrhage. Purpura hæmorrhagica needs *Acid sulph.*¹ for some time, or *Ferrum sesquichloratum*, 1 grain to half an ounce of water, and externally 10 grains to half an ounce of water. Tepid baths are only advisable in robust persons. Weakly or debilitated subjects fare better from sponging with diluted vinegar or wine.

Hughes (*Therapeutics*, 48) gives two cases of purpura with asthenic fever, which recovered under *Sulphuric acid* and *Arnica*; but he considers its use rather a relic of old-school traditions than an induction from the law of similars. The petechiæ of purpura are unquestionably so many bruises (ecchymoses), only in this case the extravasation results from morbid change from within, and not from mechanical violence from without. The influence of *Arnica* is probably not merely local, but dynamic and specific. *Mercurius* also causes ecchymoses or hemorrhages. *Arsenic* is homœopathic to the prostration and the petechiæ. *Phosphorus* is indicated in the non-febrile variety of purpura, as abundant ecchymoses observed in the subjects of poisoning by Phosphorus closely resemble the symptoms of purpura; but they are secondary symptoms, and occur only in connection with the peculiar morbid changes induced by Phosphorus. The anti-hæmorrhagic virtues of *Hamamelis* are so well marked, that it must exercise great power on such morbid conditions.

Raue (*l. c.* 543) gives as therapeutic hints *Phosphor.*, *Ledum*, *Bryon.*, *Arnic.*, *Arsen.*, *Laches.*, *Sulph. ac.*

Jahr (*Clinical Guide*, 357) praises *Bryonia* highly, and also recommends *Arnic.*, *Bellad.*, *Berb.*, *Hyosc.*, *Laches.*, *Ledum*, *Nux vom.*, *Phosph.*, *Ruta*, *Secal.*, *Silie.*, *Stramon.*, *Sulph. ac.*

Hale (*New Remedies*, 168) mentions *Chloral* and *Hamelis*.

CHAPTER III.

VI. PIGMENTARY DISEASES.

Maculæ—Melanoderma—Morbus Addisonii— Leucoderma—Chloasma, etc.

Maculæ or stains (discolorations of the skin) are of various kinds. Excluding from this chapter hæmorrhagic stains, as in purpura, and also those that are parasitic or chemical, we shall confine ourselves strictly to pigmentary diseases. They are seated in the deeper layers of the epidermis, the so-called rete mucosum, and may be classed under two heads, viz.: those in which there is an excess of pigment, and those in which there is a deficiency of it. Fox (*l. c.*, 401) accepts these two grand divisions only, the former as *Melanoderma*, the latter as *Leucoderma*.

Melanoderma—Leucoderma.

Melanoderma means, therefore, excess of pigment, resulting in discoloration; but the altered tint of the skin may be blue, yellowish, black (thus including *cyanoderma*, *xanthoderma* and *melasma*).

Melasma, *melanosis*, *nigrities*, is an acquired discoloration of the skin, affecting principally the lower extremities, but which may include the whole surface. It is seen mostly in wine drinkers, and after *pediculis vestimentorum* in consequence of numerous extravasations coming from severe scratching. The skin resembles that of a negro. It may also be a physiological condition, as seen in the staining around the nipple and the *linea alba* in pregnancy, and this condition may become a pathological state by its excess. According to Anderson melanosis occurs in its most typical form in persons tainted with syphilis;

but such cases will be classed under the head of constitutional syphilis.

Wilson thinks that in melanoderma there is an anæmia of special features, accompanied by pigment deposit and change, due to *debility of the nervous powers*, and that the various colors are modified results.

Morbus Addisonii—Bronze Disease.

Addison first called attention to a peculiar discoloration of the skin (bronzing), which he connected with disease of the supra-renal capsules. It is accompanied by progressive debility, anæmia, a compressible pulse, giddiness, nausea and gastric disturbance, and usually terminates fatally at the end of a few years. The color in these cases is brownish, with sometimes an olive-green tint, and it very closely resembles that seen in the darker races of men. The depth of tint varies in different patients, and is most marked in parts most exposed, and also in places where there is normally an excess of pigment, as, for instance, around the axillæ and near the umbilicus.

Eulenburg and Guttman (*Pathologie der Sympathicus*, p. 162) have collected all the arguments concerning the origin of this bronze disease. They acknowledge that neither the physiology nor the pathology of the supra-renal glands are yet understood, and they lean with great force to the opinion that the supra-renal disease is a secondary one, dependent on an *affection of the nervous system*, especially of the large abdominal plexuses of the sympathetic. Addison thought that the excessive prostration might be caused by an affection of the semi-lunar ganglia; and Virchow (*Geschwürste*, II. 702) remarks, that discoloration of the skin is also observed in disease of the pancreas. In most cases of disease of the pancreas or of a supra-renal gland, we also find the epigastric and mesenteric lymphatic glands in a diseased state.

Rossbach (Virchow's *Archiv.*, 1870) considers morbus

Addisonii a functional disorder of the whole nervous system, standing in some relation to the supra-renal glands, and characterized by mental disturbances, excessive anæmia, extraordinary sensation of debility, and very frequently by dark pigmentation of the skin. Emaciation is here the exception, whereas it is the rule in dyscrasic anæmia (cancer and tuberculosis). As ætiological stand-points for morbus Addisonii, we find in all cases disturbances in the nerve centres, long continued emotions, grief, misery; these depressing emotions, reacting on the whole nervous system, may produce anæmia or changes in the distribution of the blood and, in consequence, of its pigmentation. Wilson (*Diseases of the Skin*, p. 600) says: The leading features of this morbid state are anæmia, general languor and debility coming on slowly and insidiously, so that the patient can hardly fix a date to his earliest feeling of that languor, remarkable feebleness of the heart's action, the pulse perhaps large but remarkably soft and compressible, and occasionally with a slight jerk, especially under the slightest excitement, irritability of the stomach, and singular dingy or dark discoloration of the skin, occurring in connection with a diseased condition of the supra-renal capsules. The *solar plexus* is the actual source of all these successive phenomena, and the disease of the capsulæ supra-renales only the exciting cause. A harmless chloasma cannot be set down as a sign of a fatal cachexia; but our experience is altogether in favor of considering it a consequence of *irritation of the great centre of innervation of the assimilative organs*. Furthermore, cases are on record, where the whole complex of symptoms was present, without any diseased state of the supra-renal capsules being found after death; and Rortau (*Brit. Med. and Surg. Review*, April, 1861) narrates that most remarkable case of melanosis, where a woman, during the French revolution, was condemned to be hung, and from fright turned black all over the body. The exe-

cution did not take place, but the discoloration of the skin remained up to her death, thirty years later.

Leucoderma. The same nervous influence prevails in some cases where diminution of pigment is found, but unfortunately we do not yet know the cause of this loss of coloring matter. Partial discolorations are seen principally after very enervating diseases, as typhus. In negroes the discoloration is, as may be conceived, more striking, so that a true dappling results (Neumann, *l. c.* 387). In all such cases of leucoderma everything else is normal, save perhaps the sensations, which may be blunted. In the East Indies, where this disease prevails, it is known to arise from depressed innervation. That fright and fear have blanched over night the hair of darkest hue (loss of pigment), is a fact too well known to allow of dispute. From such known causes we may well form conclusions for other cases where the causes still remain incognito, and pigmentary diseases may be therefore classed among the neuroses of the skin.

Melasma figurata is a partial form of melanosis, generally circumscribed, but not unfrequently associated with a diffused huskiness of the skin (ephelis). Plenck distinguishes seven varieties, three belonging to the local group, solaris (sunburn), ignealis, a vesicatoric (or from any other local irritant), and four constitutional varieties, namely, gravidarum, hepatica, dysmenorrhœalis and hemarrhoidalis.

Pigmentary nævi consist of collections of pigment in the rete and corium, and a certain amount of hypertrophy of the papilla at times. They may be furnished with hairs (nævi pilosi).

Xanthoderma. In this disease the pigmentary discoloration is yellowish, and it is subdivided by some into lentigo and chloasma.

Lentigo (freckles) is a small lentil-shaped and lentil-colored spot, commonly met with on the face and exposed parts of children and fair-complexioned persons, seated in

the rete-mucosum, and produced by an unknown predisposing cause, showing itself by a *weakness in the structure of the skin* and a *sensitiveness to irritant impressions*.

Chloasma (liver-spots, pityriasis versicolor) is a discoloration of the skin, of a light yellowish or greenish-brown tint, having its seat in the rete mucosum, occurring in small patches or blotches of considerable extent, distinctly circumscribed and developed symmetrically on the trunk of the body, neck and limbs. (The Vienna school considers chloasma of parasitic origin, and classifies it among the parasitic diseases, and it will be considered more at length in the chapter on these diseases. We will only mention that here also assimilative debility, general nervous weakness, etc., are found among the most frequent predisposing causes.)

Jeffries (*l. c.* 62) remarks, that chemical analysis shows the coloring matter to be allied to the indigo compounds. The theory of coloration in chromidroses is, that the *indican** exists in the blood in certain unhealthy conditions. It is colorless and soluble, especially in an alkaline fluid. The indican is secreted by the sudoriferous glands, still colorless. It is now dehydrogenated, and fully oxidized (according to temperature, etc.) into brown or blue indigo, The indigo-red does not seem to be formed. When the blue is very abundant and deep in color, it appears black. In blue coloring of the lids the urine showed by test no color. Dermatologists have thus proved by the chemists' assistance, that the skin does not excrete certain coloring matters. Neftel (*N. A. J. of Hom.*, xxii. 68) says of Indican: This coloring matter is occasionally found also in typhus, cholera and other diseased conditions; but its

**Indican*, C₂₆, H₃₁, NO₁₇. Present only in small quantities in the normal urine; in larger quantities in pathological urine, especially in hepatic cancer; copiously also in the urine of dogs; gives to the urine its intensely yellow color. In putrefying urine it passes into indigo C₆, N₂₆, ÑO, a dark-blue amorphous powder. (Ranke, *Physiology*, p. 75.)

presence in large quantities in persons affected with malignant tumors I consider as pathognomonic of carcinoma of the liver, and consequently of the generalization of the disease. Wilson notices especially in reference to melanoderma a peculiar condition of the eye,—“the melasmic eye.” It consists of a vivid brightness and brilliancy and sparkling lustre of the eyeball, a liquid depth of color of the humors of the eye, and a strongly contrasting whiteness of the sclerotica, the effect being often increased by a more or less deep tint of a dull blackness of the integuments of the eyelids, more especially of the fold of skin of the upper eyelid which immediately borders on the eyelashes. (Such a brilliant eye is also characteristic of hysteria, and may be caused by the same or a similar state of anæmia and deficient innervation).

The *prognosis* may be grave or unimportant, according to the nature of the cause. If the irritation of the organic nerves be due to visceral disease, and proceed to an aggravated form of melanæmia and leucæmia, the case will most likely prove fatal. If the disease be slight or simply functional, there is hope of cure. Cases most favorable to a cure are those where the nervous irritation originates in deranged uterine function or in hysteria.

Treatment.—The treatment consists in the removal of the cause and the renovation of the strength and nervous power of the system.

Wilson found the ferro-arsenical mixture of great value, combined with moral medicine and a generous diet. The local treatment requires moderate stimulation by means of friction and ablutions with the carbolic acid or juniper-tar soap and the use of cold water. The bichloride of mercury lotion, one or two grains to the ounce, is frequently of great service; so also frictions with the unguentum picis liquidæ or unguentum sulfuris. In obstinate cases we have had recourse to the compound tincture of iodine pencilled on the surface, a saturated solution of

iodine in glycerine, and a solution of potassa fussa, one part to eight of water.

Fox (*l. c.*, 404) does not think local remedies of any direct use, yet free ablutions and frictions with the use of juniper-tar soap as a stimulant, help the skin to recover its healthy condition. Imperfect oxidation and deficient elimination must be remedied. The action of the malarial poison on the system may also tend to an abnormal production of pigment in the blood.

Neumann (*l. c.*, 385), the disciple of Hebra, on the contrary, believes that the removal of pigment is readily accomplished by such means as cause a superficial inflammation of the skin and result in desquamation of the epidermis. Among the remedies employed, the best is corrosive sublimate (grs. v ad aqua $\bar{3}$ j.). The affected portions of skin are covered with pieces of linen, accurately fitted, and kept moist with the solution for three hours. The edge of the cloth should be continually dried, as otherwise the solution will collect and destroy too deeply. Gradual separation of the epidermis may be obtained by an ointment consisting of Bismuth subnitrat. et hydrarg. præcip. alb. $\bar{a}\bar{a}$. $\bar{3}$ j. Unguent. simplex, $\bar{3}$ ij. The disfigurations return in most cases.

Kafka (*l. c.*, II., 676) speaks of *melanæmia* where the blood is poor in red blood globules, with a surplus of pigment in the blood, which will be deposited in the tissues. Such a state is frequently observed after old and severe intermittents. After treating fully of the dietetic and hygienic treatment of anæmia, he continues (p. 684): "The remedial treatment requires our utmost care. In selecting the remedy we must not only study out the cause, but we must also elucidate whether we have to deal with a primary or secondary anæmia, as the former is often curable, whereas the latter fails to respond to our efforts. *There is no universal remedy for the removal of anæmia.*

Raue (*l. c.*, 608) mentions Calc. carb., Clematis, Graphit., Hepar. s. c., Lycop., Petrol., Plumbum, Sepia, Silic., Sulphur, Thuya, to be compared with the symptoms of the individual case.

Toothaker (Small, *Diseases of the Nervous System*, 190) mentions for *Lentigo*: Antim., Bryon., Calcar., Lycop., Natrum, Pulsat., and Sulphur; and for *Ephelis*: Alum., Dulcam., Graphit., Kali, Mur. ac., Nitr. ac., Sepia, Tart. em. and Veratr. Incidental Leucoderma (*Albinismus*) has been cured by Arsen. Alum., Natr., Sepia, Silic., Sulphur have been found useful. Calc., Carb. an., Mercur., Phosphor., Nitr. ac. or Phosph. ac. might prove beneficial.

Anomalies of Secretion.

The secretion of the *sebaceous glands* is designed to give a certain softness and flexibility to the epidermal structures of the skin. These glands are most numerous in parts largely supplied with hair, as the scalp and face, and are thickly distributed about the entrances of the various passages into the body, as the anus, nose, lips and external ear. They are entirely absent from the palmar surfaces of the hands and the plantar surfaces of the feet. They are minutely lobulated glands, composed of an aggregate of small vesicles or saculi, filled with an opaque white substance, like soft ointment. Minute capillary vessels overspread them, and their ducts, which have a bearded appearance, as if formed of rows of shells, open either on the surface of the skin, close to a hair, or, which is more usual, directly into the follicle of the hair. In the latter case there are generally two glands to each hair. At the borders of the lips and at the labia minora we find layers of sebaceous glands not connected with hairs.

The secretion of these glands contains different fats, which are fluid in the normal state of the temperature of the body, and cholesterine (fat, traces of oil and osmazome,

watery extract, albumen and casein, phosphate and carbonate of lime). Proof is still wanting that the nervous system exerts any influence over this secretion.

The sebaceous secretion may be morbidly altered, and that both quantitatively and qualitatively. Quantitatively it may be either increased or diminished.

(a) *Increase of the Sebaceous Secretion.*

Seborrhœa, steatorrhœa, acne sebacea, is an increased secretion of sebum, which, mingled with epidermic scales, appears on the surface of the skin. This usually exists without any disturbance of health. The part of the skin affected has at first a shining, unctuous appearance, without any change of color. The fatty matter secreted may remain fluid, or it may congeal and form, with the epidermic scales, a thinner or thicker layer of soft scales, at first white, which becomes darker and harder by exposure. In the dry form (*steatorrhœa sicca*) this layer can at first be rubbed off easily, adheres more and more closely as time advances, but always feels greasy between the fingers.

This morbid sebaceous secretion is either a *local* or *general* one. Local *seborrhœa* comes especially on the scalp, nose, region of the beard and on the genitals. It is usual to describe certain local varieties, as follows :

Seborrhœa capillitii.—The secretion of the sebaceous glands in the fœtus is greater during intra-uterine life than subsequently, and we meet it at birth on the body generally, where it constitutes the vernix caseosa. This abundant secretion continues on the scalp during the first year of extra-uterine life, and if the sebum is allowed to collect there and gather dirt and dust from without, we may have finally crusts several lines in thickness, and the whole hairy scalp may be enveloped in a thick layer of sebum. When the crusts remain for a long time, the *seborrhœa* is generally complicated with eczema, for the collected mass of sebum decomposes, macerates, and irri-

tates the skin, and produces redness and moisture on it. The same disease appears also as thick scales, which cause the hairs to adhere to one another in little bundles (psoriasis amianthacea).

In adults it forms one of the commonest varieties of scurf, or dry scales, which are formed in large quantities, and in old people it is seen in connection with senile decay. The scalp is for the most part devoid of hair, and covered with a dirty, yellowish-brown, easily-removable crust. It may also be a part of syphilis.

Seborrhœa faciei.—On the face the oily portion of the sebaceous secretion is increased. The skin of persons so affected has a shining appearance when it is kept clean; when neglected, dust and dirt adhere to the sebum, which is thus changed to a dark color.

Seborrhœa nasi is frequently found associated with enlarged cutaneous veins, giving to the nose a reddish look, which is more striking in cold weather.

Seborrhœa genitalium is very frequent in persons with a narrow phymotic prepuce, or in women, on the surfaces of the labia majora.

Seborrhœa universalis is quite rare in adults, and shows itself by fatty plates caked on a thin, cachectic and dirty skin (pityriasis tabescentium), the openings of the sebaceous glands all over the body being stopped up, forming tumors the size of a hazel-nut or larger. On some places, especially in children who are not kept clean, and whose skin is tender, slight excoriations are excited, which may cause seborrhœa to be mistaken for other diseases.

Treatment.—Our present knowledge of the use of fats and soaps enables us to treat these cases with great certainty.

Martin recommends merc. subl. corr. grs. viii., glycerine $\bar{3}$ j., aq. rosæ $\bar{3}$ iv. to be used where the openings of the sebaceous glands are stopped up.

Hillier removes the excessive secretion by the use of

oil, to soften the layer of scales, followed by a strongly alkaline or soft soap. To promote the contraction of the orifices of the sebaceous glands, astringent lotions should then be used, such as the bichloride of mercury, acetate of lead, or sulphate of zinc.

Fox is of opinion that wherever seborrhœa is well marked there is usually some debility present, and the internal use of cod-liver oil in addition to local treatment aids the cure of the disease. Some persons are anæmic and require iron, and where nervous debility exists, a course of arsenic and iron is specially needed with the oil.

Hebra uses, where the disease resists simple treatment with oil and soap, his potash-soap (*sapo viridis* 3 ij., *spir. vin. rect.* 3 i., solve, filtr, et adde *spir. lavendul* 3 ij.). The soap and its preparations are best used under the douche, the cold causing the glands to contract. In seborrhœa which has lasted some time, there is also a small amount of infiltration of the skin present, and various substances in the form of ointments are useful for its removal (*Oxide Zinc.*, *Carb. plumb.* āā 3 i., *Spermacet.* 3 i., *Ol. Olivæ.* q. s., et. f. ung. molle.)

Astringents, especially alum and tannin, and mild stimulants, are useful, either mingled with the ointments recommended to be used with the frictions with soap, or alone in solution.

Hardy witnessed good results from vapor-baths.

Kafka does not order any internal treatment for the seborrhœa infantum, as it suffices to pencil the affected parts with oil in the evening and to cleanse them in the morning with soap and water. Such a procedure must be continued till the scalp is perfectly free from scabs. The same external treatment is necessary for seborrhœa capilitii of adults, but he recommends *Phosph.*³, a dose morning and evening, for the simultaneous itching between the hairs, or *Calc-carb.*⁶ for the hyperæmia of the scalp with simultaneous severe headache. *Natr. mur.*⁶ acts admirably

where the patients complain of severe itching between the hairs, which fall out in masses. The whole scalp is also washed mornings and evenings with a solution of salt (3 j. to 3 iij. distilled water), and the scales removed in the morning with a fine comb. Hyperæmia of the scalp contra-indicates the salt treatment, as it always aggravates such cases. *Sulphur* and *Sepia* (6) are indicated in hyperæmia, where dirty-yellow, wax-like scales appear on the scalp, forming thin crusts adhering firmly to the scalp, and which can be only removed with pain. Such a seborrhœa allows only the mildest treatment, and all soap is rather injurious at the beginning of the treatment. Only after the removal of the hyperæmia, and when the crusts become soft and loose, Hebra's soap may be used in the morning as a tonic to the scalp. (Sapo. viridis 3 ij., Aq. Coloniensis 3 x, Misc.) *Graphit.*⁶ or *Vinca minor* are given where the sebum is discharged in such quantities that the hair mats together in bundles, with the sensation of itching and heat on the scalp. *Merc. sol.*⁶ may be tried, where the other two fail, under the same conditions. External treatment, steadily and energetically applied, is here of the utmost necessity.

Seborrhœa facialis oleaginæ requires *Natr. mur.*⁶ internally and externally for its removal. For the *Seborrhœa facialis sicca*, penciling with oil at night and soap-suds in the morning suffice in most cases, but when the crusts are firmly adhering and the skin remains red after their painful removal, we give *Iodine*³ internally, till the crusts become soft and loose and the redness disappears. *Hepar*³ acts well in children suffering from seborrhœa facialis sicca.

Seborrhœa genitalium. *Mezer.*³ or *Lycop.*⁶ two doses daily, act well in seborrhœa fossæ coronariæ. *Merc.*³, two to three doses daily, when the glands or prepuce are in a state of hyperæmia. Local and general baths are advisable for cleanliness' sake. *Merc. cor.*³ internally, and a weak solu-

tion of it externally (gr. j to $\bar{3}$ iii, aq. distillata) have been used with rapid success. *Seborrhœa genitalium* of women requires great cleanliness; full and sitz-baths to prevent the secretion from becoming acrid; internally *Merc. sol.*³ or *Sepia*⁶. Where these means fail, injections or sponging with a weak solution of Plumb. acet., Alumen, or Zinc. acet. may be applied.

Baehr (II., 531) considers too much washing injurious, be it cold or warm. The soap used ought to be a very mild one, and sometimes spirituous ablutions are better borne. All fatty substances ought to be strictly interdicted. The causal indication must lead us to the selection of the simile.

Comedo has been recently, by Virchow, abundantly proved to be a distended sebaceous follicle, whose contents, projecting above the surface of the skin, becomes black from dirt, and when pressed out, assumes the shape of a worm. In some cases the contents may become dry and quite horny. Under the microscope this is found to consist of epithelial cells and oil globules, some fine hairs and crystals of cholesterine. These obstructed follicles are very commonly met with in young persons, especially on the face and back.

Treatment. Neumann (*l. c.*, 75) recommends the assiduous expression of the sebaceous plugs by means of a watch key, or with a comedo extractor, similar to an ear spoon; after which the skin is rubbed with *sapo viridis* or tincture of soap. When this alone does not suffice, we must try friction with a paste of Sulphur (Lac sulph., Glycerine, Spir. vin. rect., Potass. carbonat., Ether sulph. $\bar{a}\bar{a}$. partes equales), or with the Sulphur sand-soap, which is applied at night, the foam remaining upon the face over night, not being removed till morning. Sometimes the formation of comedo is connected with chronic constitutional diseases, as scrofula, tuberculosis and other pathological processes which occasion a disturbance in the nu-

trition of the skin. Quite frequently also it is associated with disorders of menstruation. The treatment of the cause must then be combined with local therapeutics. Kafka agrees with Neumann. *Tolle causam*, according to the Homoion, is also his indication, when necessary.

Milium, *Grutum*, are also distended white sebaceous glands, covered only by a thin epidermal layer. The little tumor contains epidermis cells, crystals of cholesterine and chalk. These appear mostly on the face, especially on the eyelids and cheeks, and also on the genitals; frequently on the periphery of scars, particularly in lupus.

Willan describes the same disease under the name of *strophulus albidus*, which is wrong, as *strophulus* is far better placed in the lichen group.

Treatment. The treatment consists in puncturing the epidermis and the evulsion of these spherical bodies by means of a comedo spoon. After their discharge they do not fill again, and the opening closes quickly.

Molluscum is an affection characterized by round elevations, varying in size from a hemp seed to a large currant or a hazelnut, generally with a dark point and a depression on the summit of each. They have a rather translucent appearance, the color of the skin over them being either normal or pinkish; occasionally there is a slight lobulation in them visible through the skin. The skin over them is usually tense, sometimes wrinkled. They either increase slowly in size without any other change, or they ulcerate on the surface and their contents escape, or they inflame and slough away.

In molluscum the sebum collects in the glands in still greater quantity, and when opened, they discharge a milky fluid or finely granular masses which have the appearance of being compressed flatly against each other. Molluscum is found principally on the face, scrotum and penis; less frequently on the chest and arms. The disease mostly occurs in children, but may be seen in adults.

Opinions are divided as to the contagious character of the disease, but most authorities lean to the affirmative and consider it contagious (Baerensprung, Virchow, Rindfleisch, Fox, Hebra, and others).

Virchow found on section of a molluscum a glandular structure, with sebum collected between regularly radially grouped cylinder cells. The soft mass consisted of epidermic cells and fat. He considers that there must be an indigenous cell-formation, as in the case of cancroïds. Dr. Beale considers molluscum due to the alteration of the structures concerned in the formation of the hair, especially of the cells at the bottom of the follicle, and of the follicle itself, with hypertrophy of the subcutaneous areolar tissue. (*Path. Soc. Trans.* VI., 313).

Molluscum has been divided into molluscum sessile (with a broad base) and molluscum pendulum (with a peduncle). Others divide it into molluscum contagiosum and molluscum fibrosum; but the latter being a fibroma, and not originating from a sebaceous gland, is therefore wrongly called molluscum.

Treatment. According to all authorities, molluscum is not attended with any constitutional disturbance, and the treatment recommended is also purely local. The tumors may be laid open and the interior rubbed with lunar caustic. If attached by a pedicle, they should be snipped off and the base cauterized. (Hillier, *l. c.*, 189).

Fox (*l. c.*, 491) recommends that in cases where it can be done, the contents of the little tumors should be squeezed out and nitrate of silver applied to the inside of the tumor. If the tumors are small, the acid nitrate of mercury or potassa fusa solution may be used to them; when large, their sacs must be removed; and when the tumors are numerous, each must be destroyed by caustic and an astringent lotion used.

Kafka (II., 339) also considers all internal treatment without result. After squeezing the contents out, he

paints the internal wall with tincture of iodine, whereby the sac shrinks away. Peduncular mollusca may be ligated or cut away with the scissors.

Seborrhœa congestiva, *Lupus erythematodes* (Hebra, Kaposi, Neumann), *Adenoma of the Sebaceous Glands* (Rindfleisch), attacks principally the face, rarely the body and extremities. Fox (*l. c.*, 381) justly remarks that clinically the lupus erythematodes of the Germans is simply lupus in connection with a certain amount of hypertrophy and irritation of the sebaceous glands in the first instance, in consequence of which they become thickened and loaded with contents prior to their destruction by the new growth. In many cases the hypertrophy of the connective tissue in the wall of the glands is the most marked feature. Auspitz describes it as collections of circumscribed infiltrations, more on the surface, as distinguished from the cell masses in lupus vulgaris that fill the whole depth of the skin. It is, therefore, no seborrhœa, but rather a superficial lupus.

Acne consists of retention of secretion together with secondary inflammation of the sebaceous follicles. (Fox.)

Neumann (*l. c.*, 196) classes acne among the pustular inflammations, and defines it as an inflammation of the sebaceous glands and hair follicles, which shows itself on the surface in the form of papules, nodules and pustules, from the size of a millet seed to that of a bean. Where the inflammatory process extends deeply and includes the whole thickness of the cutis, a more or less extended inflammation takes place around the pustules.

Wilson remarks that retention of sebaceous secretion within the follicle, occurring in the languid and torpid skin of young persons, is apt to act as an irritant, and give rise to congestion and inflammation of the skin immediately surrounding it. Virchow says that when an irritative process is set up around a hair follicle by the retention of the secretion, and assumes a true inflam-

matory character, there result the various forms which have been commonly associated under the name of acne. When the occlusion is superficial, the follicles appear in the form of comedones, and *acne punctata* is the result. When it lies deeper and the neighboring structures swell, when the blood-vessels become dilated and varicose, and when pustules appear, we call it *acne rosacea*. Lastly, when the skin becomes thickened, *acne indurata* is produced.

Wilson (*l. c.*, 699) divides acne into five stages. In the earliest stage, when only a slight elevation, without redness, but hard to the touch, and dotted in the centre with a black point, it is termed *acne punctata*; when the progress of congestion and inflammation has raised the slight prominence into a well-marked conical pimple of a red color, the term *acne coneiformis* becomes applicable; in the third stage the summit of the cone is converted into a well-marked pustule, *acne pustulosa*; in a fourth pustulation is imperfect, and the skin becomes tuberculated by thickening and infiltration of the tissue, *acne tuberculata*; while in a fifth the skin is indurated and deeply scarred, *acne indurata*. (*Acne rosacea* is classed among the eczematous affections).

Neumann (*l. c.*, 197) by putting acne under the pustular inflammations, throws all the varieties of acne into one class, and divides it into three varieties, *acne disseminata* (*vulgaris*, *varioliformis*, *cacheeticorum*, *artificialis*), *acne rosacea* and *acne mentagra* (*sycosis*). Only the first and second will receive our consideration.

Hillier, Fox, Neligan and others adopt Virchow's classification.

Acne simplex, seu vulgaris. A number of black specks surrounded by a narrow border of raised cuticle appear on the forehead and face. They remain for some time without inflaming (*a. punctata*), or inflammation of the follicles and parts around is set up (*a. coneiformis*), passing over

into suppuration (*a. pustulosa*), which may discharge their contents and run their course in four or five days. In some cases the pustule is larger and presents at the base a slight elevation of a red color (*a. tuberculata*), which lasts from a week to a fortnight after the pustule has ruptured and may leave a slight cicatrix. It is met with on the forehead, temples, between the shoulders and on the front of the chest; it is observed in the young of both sexes, especially about the time of puberty (*acmè*).

Acne indurata is acne simplex of an indolent and more or less chronic kind; the separate pustules have a very hard, dusky-red base; suppuration is scantily evolved; the pustules are painful and there is a feeling of tenseness about the face; the skin generally is congested, thickened and dense. After running its course it leaves a swelling which is slow in disappearing, and which is sometimes succeeded by an indelible scar like that made by small-pox.

Acne rosacea is another apple of discord among the dermatologists. It might be well to consider it as a connecting link between the diseases of the sebaceous glands and hair follicles on the one side and new growths on the other. It is a chronic inflammation of the face, made up of acne spots, periglandular inflammation, erythema, and new growth of connective tissue growing independently of the glands. The first stage consists in congestion of the face and more or less dilatation of certain capillaries. Certain points of the papillary layer become hyperæmic, and certain of the glands are similarly affected, so that acne spots are produced, an excessive amount of sebum secreted, and the skin feels greasy. In the next stage, in consequence of the inflammation, the connecting tissue around and about the glands hypertrophies,—that is to say, the acne spots become indurated and hard, whilst the independent non-glandular papules become more marked. The color of the redness is bright-red, the vessels become varicose and ramble freely over the surface

of the diseased parts; suppuration is not very marked, but the integument generally is thickened. This disease is rarely seen in the young. Clinical experience has shown that although frequent in good-livers and wine-bibbers, it is not necessarily restricted to them. Certain cases of acne rosacea can be traced to causes of a more or less definite kind, but in other instances we cannot discover any condition to which we may attribute it. It occurs in women of middle age who suffer from uterine troubles. The disease is aggravated by trouble, by stimulating food, by exposure, by dyspepsia and by alcoholic drinks.

Fox (*l. c.*, 494) mentions an *acne atrophica* and *acne hypertrophica*, but there is really no necessity for such a division. In the former the acne spots are succeeded by atrophy, in the latter by marked hypertrophy of the connective tissue, in consequence of long continued congestion occurring in connection with acne.

Acne syphilitica will be treated of under syphilis.

Treatment.—Hebra says: I must confess that in spite of many efforts, I have not yet succeeded in finding a remedy by which acne can be prevented from developing itself or quickly got rid of when established. *Proper and continued treatment is necessary.* Several high authorities recommend not only in acne rosacea, but wherever the same follicles inflame and re-inflame at successive times, a small incision to be made through the skin over the follicle and a fine capillary tube, charged with strong nitric acid, applied. The acid penetrates the follicle, but does not burn any portion of the skin beyond the circumference of the tube. In acne rosacea, with extensive vascularities and even large excrescences, it is essential to destroy the dilated veins or at least render them impervious. The quickest way of effecting this is to make a number of incisions with a sharp, narrow bistoury or cataract-knife, so as to cut the dilated veins longitudi-

nally, particularly those of which the loops are plainly visible, being gorged with blood. The blood should be allowed to flow for a little while, and the parts should then be touched with a brush dipped in liquor ferri perchlorid. Where the nose has greatly altered in form and enormously increased in size, the thickened and hypertrophied skin ought to be cut off so as to reduce the part to a bearable condition (Jeffries, *l. c.*, p. 55).

Kafka (II., 460). The homœopathic treatment of acne disseminata aims to stop the continually recurring and extending inflammation of the sebaceous glands and to bring back their function to its normal state. For that purpose we examine which form of acne is most prevalent, the papular, pustular or indurated form.

Where the *papular form* prevails, *i. e.* where the inflamed follicle does not pass over into suppuration, but forms a bluish-red nodule, covering itself after detumescence with small scales, *Merc. sol.*³ is indicated, and where this remedy fails after some time to produce amelioration, *Phosphor.*³, two doses daily. After three to six weeks, with an interval of a few days after every six to eight days of medication, we have seen long standing and frequently relapsing cases cured without any external application whatever.

The *pustular form* requires *Hepar*³ or *Rhus tox.*³ in the same manner.

Acne indurata needs *Iodine*³, *Conium*³ or *Clematis*³. It takes time and patience to eradicate this form. In obstinate cases we may use *Phosphor.*³⁻⁶ or *Silicea*⁶.

Where the skin between the acne points looks as if besmeared with oil, seborrhœa is simultaneously present, and the internal and external use of *Natr. mur.* will be followed with success.

Secondary acne (in the course of scrofulosis, scurvy, syphilis, etc.) requires the treatment of the fundamental disease, keeping in view at the same time the prevailing form of acne.

In relation to diet, such patients must abstain from spiced, salty or acid food, and from alcoholic or stimulating drinks. It is also advisable that the patients do not remove too hastily the crusts, as experience teaches that such nodules inflame easily in consequence of the mechanical irritation. The pigment-spots remaining after the healing of the acne, disappear most quickly from ablutions of diluted alcohol or diluted Cologne-water.

In *acne rosacea* we must fix our attention on the cause which produced it, and remove it. Our further treatment varies according to the grade and duration of the disease. Where the redness of the nose and cheeks is of short standing, and where the vessels are not yet injected nor the sebaceous glands inflamed, and where a cold atmosphere caused or aggravated it, we use *Petroleum*³ internally and pencil the affected points twice a day with the same, (Petrol. gtt. ij., Ol. amygdal. ʒ ij.) As soon as some heat and redness returns to the affected parts, we pause with the remedy and await its secondary action, which generally is beneficial.

Where the redness is more livid and the veins are injected and varicose, we use *Alumen* internally and externally. *Calc. carb.*⁶ is indicated for a red nose in consequence of dys- and amenorrhœa or during climaxis, especially where plethora and congestion to the head are simultaneously present.

A bluish color of the acne rosacea, with hyperæmia and varicosity of the capillaries, indicates *Sulphur*⁶, even for drunkards, together with an inunction of the affected parts every evening with Sulphur ointment (Sulph. ʒ i., Axung. podc. ʒ i.), to be washed off in the morning with soap and water. In such cases *Nux vom.*³⁻⁶ and *Carb. veg.*⁶ are also effective. Should the acne take on the pustular form, we prefer *Hepar*³ to Sulphur and employ it in the same manner, two to three doses daily. The first trituration, moistened with glycerine, may be applied to the affected parts.

Acne tuberculata needs *Phosphor.*³ internally, two doses daily, and an inunction with Phosphor liniment (Spir. Phosph. dil. ʒ i., Ol. amygdal. ʒ i.), two or three times every day. Where the disorganization reached a high degree, internal treatment fails and surgery becomes necessary.

Hughes (*Therapeutics*, 468) believes that acne simplex in young persons may often be cured by *Bellad.* if the patients are full blooded, or by *Pulsat.* if they are pale and slender. In more chronic cases *Sulphur* is required, and it is often useful to touch each prominence with a camel's-hair brush dipped in the mother tincture. *Acne rosacea* is a very obstinate affection, and probably more good is achieved by constitutional treatment, especially directed against alcoholic intoxication, than by cutaneous remedies. *Carbo animalis*, *Antimonium crudum*, *Ruta* and *Ledum*—as well as the never-failing *Arsenicum*—have been recommended.

Bæhr (II., 503) remarks, that acne patients are very hard to treat, as they generally feel so well that a restriction in their diet is hardly ever taken with good grace or strictly followed out. Cold washing and bathing often does more harm than good. He recommends vapor baths, with the usual scrubbing, for acne on the trunk. In acne facialis the patient ought to rub the affected parts every morning with Venetian soap and warm water, and afterwards wash it off with cold water. He has hardly seen any benefit from internal treatment, except from Arsen. Hartmann and others recommend: *Canthar.*, *Sulphur*, *Staphis.*, *Ant. crud.*, *Dulcam.*, *Mezer.*, *Natr. mur.*, *Ac. nitr.*, *Capsic.*, *Sepia*.

Raue (*l. c.*, 67). Compare: *Bellad.*, *Carb. veg.*, *Hepar*, *Lachnantes*, *Sulphur*. After sexual excesses: *Calc. carb.*, *Phosph. ac.*, *Sulphur*. For acne rosacea: *Arsen.*, *Ruta*, *Rhus tox.* Old warts upon the nose indicate *Causticum*.

Toothaker (*l. c.*, 175) recommends for acne rosacea

from intemperance, Arsen., Nux vom., Laches., Ledum; from menopause, Pulsat., Laches., Bryon., Bellad., Arsen., Sulphur. Also Cocculus, Sanguin., Sepia.

Raue (*Record*, 1870). *Arsen.*: Acne punctata in the face or on the forehead, skin dry and dirty looking. *Bromide of Potassium* causes acne simplex and indurata on chest, shoulders, face (nose and nose wings), lasting from one to four weeks, changing in numbers and leaving mostly a red spot with hardened centre; before the eruption, a general annoying itching.

(*Record*, 1871.) *Silicea*³⁰ cured in less than a fortnight a thick crop of papules (acne simplex) on the forehead, face and backs of the hands. Eruption red; itches and burns in the day-time only.

(*Record*, 1872.) A girl, æt. 24. For about a year on the chin single red spots, spreading upwards to nose and adjacent parts. The nose is swollen, disfigured, red and covered with nodes of various sizes; also on cheeks and forepart of head. Getting heated makes it worse. It is attended with burning pain; dryness of the nose; disposition to hoarseness; constipation; sweaty feet; violent pain before the otherwise regular menstrual flow. *Causticum*², three drops every morning. Within one month redness and swelling of the nose were diminished. *Arsen.*⁶, two drops night and morning, relieved constipation, painful menstruation and dizziness, but had no influence on the eruption. Again *Causticum*¹, two drops night and morning. At first great aggravation, which soon was followed by steady improvement and cure.

Acne faciei: *Eugen. jamb.*, *Conium*, *Natrum mur.* Baths with one-half to three-quarters of a pound of sea-salt, twice a week.

(*Record*, 1873.) Acne punctata, *Sulphur* persistently. Acne pustulosa, *Nux jugl.*, especially in strumous constitutions. Also *Hepar*.

Looking at the medicinal rashes, the direct results of

the action of drugs, we find that the internal use of *Iodine* and *Iodide of Potassium*, of *Bromide of Potassium*, of *tar* and perhaps other drugs, produces an acne eruption, and therefore they ought to cure it, where the other symptoms correspond to the individual case.

Iodine indications: Scrofulosis, glandular affections, syphilis with tendency to hypertrophy; an itching elevation on the nose; suppurating ulcer on the left cheek, with swelling of the surrounding glands, and a hard nodosity at the place which the ulcer occupies, dispersing very slowly.

Iodide of Potassium: Painfully sensitive blotch on the cheeks, surrounded with swellings and ulcers; several pimples on the chin and nose; painfully sensitive pimple near the nostril; profuse papulous eruption on the face, on the shoulders and over the whole body, occasionally with dryness of the throat.

Bromide of Potassium. Voisin (*Gaz. des hôpitaux*, 1868, p. 603) speaks of five phases. In the first place acne indurata, chiefly seen on the face, chest and back. Second: acneiform pustules, with a depressed umbilicus in the centre, their base being very hard; these oblong swellings are produced by a crowding together of enlarged sebaceous glands distended with sebum, which is of more or less milky aspect. It is almost of the nature of crowding together of molluscous tumors. Hale (*New Remedies*, 3d edition, p. 80) gives: erythematous swelling of the nose, a papular rash on face and nose, with heat and itching; acne-like eruption on the face, neck and shoulders; acne in young persons; the secretion of the skin is reduced in proportion to the anæmia of that tissue.

The *tar acne* is well known. The phenomena occasioned by tar may be divided into such as result from the immediate application of fluid tar, and second, from the action of air impregnated with the vapor of tar. In the latter case an eruption is formed over the whole surface of the

body, and the face especially is the seat of numerous comedones, interspersed with an eruption of acne; the lower extremities are also partly covered with comedones, partly with acne papules and pustules, which in places reach the size of a hazelnut. Acne is very frequent in tar factories. (Neumann, *l. c.*, 198.) We have already remarked that Kafka found *Petroleum* efficient in acne rosacea. Hale mentions acne under Carbolic acid, but we would prefer a proving of tar itself, so that its symptomatology could be clearly defined.

Xerosis—Xeroderma.

A diminution of the sebaceous secretion may take place and the skin becomes dry, harsh, inflexible and cracked. We may have either roughness alone or scalliness of the skin (Fox puts it therefore under ichthyosis), or the normal fat is removed from the skin, and it becomes rough and cracked, as seen in washerwomen and domestics from the too frequent contact with soap or lye. Such patients regain their normal skin after friction with oil and suspension of their occupation for a season.

Affections Characterized by Hypertrophy and Degeneration.

Lupus.

We may divide and subdivide diseases in text-books, we may group and classify according to our own ideas, but nature does not acknowledge our vain labor. Thus acne rosacea and lupus erythematodes Germanorum are transition-forms from diseases of the sebaceous glands to the class now under consideration, and we find therefore such transition-forms put by different authors into different classes.

Fox (*l. c.*, 369) considers lupus not a pure hypertrophy but a neoplasma, as the disease is characterized by an infiltration of the skin, with a new cell growth, which is

capable of undergoing organization, and after a while is removed by interstitial absorption or by ulceration. The neoplasma takes the form generally of tubercular elevations, forming by their close approximation larger and smaller patches, which leave behind in process of cure indelible cicatrices. Lupus runs a chronic course, and is especially prone to attack the skin of the face.

Wilson (*l. c.*, 369) takes opposite ground, and understands by the term lupus a strumous degeneration of the tissues of the skin, attended with more or less hypertrophy, with absorptions and with ulceration, such morbid phenomena originating in a constitutional condition or diathesis. Bazin also considers lupus a malignant scrofulide, and Cazenave agrees with him.

Volkman (*N. A. J. of H.*, 19, 440) and Virchow agree with Fox, and consider lupus a neoplasma, consisting of cell-proliferation. This large accumulation of proliferating cells pressing away and destroying the layers of the cutis, and often the deeper lying tissues also, is characteristic of lupus. Neumann (*l. c.*, 331) finds the histological condition of lupus varying according to the stage of the morbid process, but consisting mainly in a cell-infiltration of the corium, and he describes the changes as follows: The cells of the rete Malpighii have granular contents (fatty or pigmentary molecules); the corium becomes spongy and its volume is increased; the papillæ are a little elongated and increased somewhat in breadth, and in some places remain normal; the fibrinous meshes are larger than in the healthy state. Within them we find a network of delicate connective-tissue fibres. The corium is in places moderately filled with uniform roundish and oval cells. The subcutaneous connective tissue becomes thickened; the fat-cells are either less abundant or have entirely disappeared. The sweat-glands are preserved, capillaries and lymphatics enlarged, sebaceous glands present in small numbers. Simi-

lar infiltrations are found in the subcutaneous cellular tissue.

In speaking of the etiology of lupus, Wilson (*Lectures on Dermatology*, 1873, p. 197) remarks on case 556: Hillairet designates this case as one of lupus; but as in England we reserve that term for scrofulous ulceration, I have preferred to speak of it as chronic ulcerative syphilis. McCall Anderson (*l. c.* 5) also puts his cases of lupus vulgaris and erythematodes under the head of strumous affections. Hillier (*l. c.*, 194) acknowledges that very little is known about the cause of lupus, and that the disease is regarded by most authors as due to a diathesis closely allied if not identical with scrofula.

Franklin (*Surgery* II., 834) leans the same way by putting lupus among the diseases of the lymphatic system, lupus non exedens being mostly seen in persons of a scrofulous diathesis.

Helmuth (*Surgery*, 488) joins the other party, and with the German dermatologists considers lupus a merely local inflammatory process, as its chief characteristics are: no constitutional irritation, the healthiness of the integument up to the very margin of the sore, the absence of swelling, infiltration and redness, no fetor, the location of the disease and its dark-brown or blackish crust. Neumann and Volkmann acknowledge that a large number of the forms of lupus may be associated with glandular enlargement, caries and necrosis, and that in children lupus often depends on scrofula; but still just as often lupous children come from parents who enjoy perfect health, and a large part of the cures of the disease occur in persons who are otherwise healthy and strong, and where it would be impossible to prove a dyscrasic or a special diathesis.

All authors agree that lupus has nothing whatever to do with syphilis, either acquired or congenital. Hillier describes only two forms, lupus vulgaris and lupus ery-

thematodes, as both involve the derma, cause interstitial absorption and atrophy of that tissue, and are both followed by a scar. They are distinguished by running a chronic course, and are especially prone to attack the face, which becomes of a dull-red color.

Fox and Wilson describe three forms: *lupus erythematodes*, where the neoplastic deposit is slight and in the form of brownish-red spots or diffused non-nodular elevations; *lupus nonexedens*, where the neoplasm forms distinct tubercular elevations; and *lupus exedens* or *exulcerans*, where the deposit passes over into ulceration.

Neumann is right in considering the two latter as different stages of one and the same disease, and with Willan and others he classes them together under the name *lupus vulgaris*. Such different stages are designated as *lupus maculosus*, where we have only brownish-red spots; *lupus tuberculosus*, where we find papules or nodules elevated above the skin, also of brownish-red color and in size from that of a pea to a hazelnut; *lupus exfoliaticus*, infiltrations, the skin appearing of a similar color and covered with lamellæ of epidermis; *lupus exulcerans*, atonic ulcers, resulting from a softening of the infiltrations; *lupus hypertrophicus*, new formations rising above the skin and frequently involving large portions; *lupus serpiginosus*, large ulcers, extending peripherally.

In order to prevent mistakes, the name *lupus erythematodes* ought to be stricken from the nomenclature of dermatology. The English physicians consider it as neoplasmata of a roundish form, of a deep-red color and shining aspect, without sensible elevation. The skin looks dry and shrunken. The morbid process creeps over the healthy skin, and the diseased surface becomes covered with thin adherent scales, the removal of which exposes a dry yet raw-looking surface, of gelatinous aspect, which is apt to bleed easily.

Neumann's first stage is *lupus maculosus*. What most

Germans used to call lupus erythematodes is now better known by the name *lupus seborrhagicus*, given to it by Volkmann. We here find also irregular slightly swollen spots on the face, cheeks, nose, etc. The reddened skin is on some points covered by firmly-adhering, dirty-looking thin crusts, feeling fatty to the touch, and in reality they consist only of the secretion of the sebaceous glands of the skin, discharged in abnormal quantities, with an admixture of epidermic cells. If we scrape off this fatty layer with a knife, the underlying skin appears red, sore, as if covered with fine warts, *i. e.* the enlarged excretory ducts of the sebaceous glands. This seborrhœa is only of secondary importance. The essential consists in the infiltration of small cells, which are more numerously developed only in the immediate neighborhood of the glands, thus producing a hyperplasia and an increased secretion. These infiltrations pass through the same stages as those we see in lupus vulgaris, and the flat, gritty scars, pitted in the centre, are characteristic of the lupus seborrhagicus.

In *lupus nonexedens* (tuberculosis, exfoliaticus, hypertrophicus) we find after removing the scales from any portion of a lupus patch that the part beneath is red, dry, shining and even raw, the upper layer next the cuticle presenting an appearance which has been termed "cornified." The process of healing is always attended with more or less loss of substance and sensibility; the cicatrix is below the level of the adjacent surface.

In *lupus exedens* (exulcerans, serpiginosus) the ulceration varies in depth, being in some cases superficial and extensive, in others deep and circumscribed, and great disfiguration may result, as the nose and cheeks are the favorite seat of lupus. According to Hebra, lupus is only dangerous to life in those rare cases where epithelioma is developed from it after it has lasted for years.

The prognosis of lupus is not unfavorable, as according to Volkmann a cure can be promised in many cases, and

this in a far shorter time than formerly. Internal specifics there are none, accompanying constitutional disorders are only exceptionally seen, and in most cases every indication for internal medication is wanting. There is no objection to treating scrofulosis when present, but such treatment will fail to be of any influence in curing the lupus, which must be done by surgery. (Hebra considers reputed cures of lupus by internal medication as mistakes of diagnosis, for eczema squamosum, psoriasis, acne rosacea and even epithelial cancer have been mistaken for lupus.)

The indications are two-fold: First, to remove all diseased tissue. Second, to produce resorption of the cellular infiltrations in those parts which are yet solid and relatively healthy. It is also of great importance to prevent any relapse, and as soon as any lupus nodule makes its reappearance surgical aid must be called in.

Caustics are commonly used for the removal of tissues degenerated by lupus, and the most common in use are the caustic potash and the nitrate of silver in pencil form. Firmly adherent crusts must be removed beforehand by applying cloths soaked in cod-liver oil over them for a day or two, after which we bore the pencil into the soft lupous proliferations, which are easily pierced by it, and entirely deliquesce as soon as they come in contact with it. The nitrate of silver never acts as destructively as the caustic potash, which we must not allow to remain too long in contact with the parts to be cauterized, or else we will destroy the underlying layers of healthy tissue.

Hebra recommends for superficial lupous ulcerations a salve of Arsenic 1.0, Cinnabar 3.0, lard 25.0. Such a salve will not injure the healthy parts, while destroying the soft lupous ones. After using the salve for three days, simple dressings only are needed.

Volkmann's radical treatment for lupus is very painful, and ether should be used during the operation. The lupous degenerations are scraped away with a sharp-edged

scoop, and the infiltrated, hard and bluish, though non-ulcerated nodules must be attacked with the multiple-pointed scarifications. This is performed with a very sharp-pointed small-bladed knife; thousands of points are made closely together, about two lines deep or deeper, in the diseased parts of the skin, which frequently looks discolored after the pricking. The pricked places are then covered with lint, which is closely pressed in to stop the bleeding and left until its spontaneous falling off. These prickings are repeated at intervals of from two to four weeks. At first the knife enters easily the luxuriant tissues interwoven by cellular granulations; after a while it finds more and more resistance, the skin becoming tougher and losing its abnormal redness and swelling. (Helmuth's *Surgery*, 493.)

Fox (*l. c.*, 375) also considers the local treatment of lupus more important than the general, but there are a proper time and proper circumstances under which this should be done. Caustics should be had recourse to when the deposit feature is well marked and when the lupus patch is not too sensitive and too hyperæmic. During the first or congestive state, where the patch is tender and hot, it should be an essentially soothing one (calamine lotion with a little prussic acid and glycerine several times during the day and liquor plumbi painted on at night). If the patch shows some sign of extending, its edges ought to be touched by some caustic. But as soon as we deal with lupus tuberculosus, full cauterisation becomes imperative. Modifying conditions are met in syphilized or strumous subjects, and internal medication must be joined *pro re nata* to the external treatment.

During the first or congestive stage homœopathic remedies might influence the diseased state of the skin and bring it back to its normal condition.

Bæhr (*Op. cit.*, II., 508) recommends *Lycopodium* in recent cases, when the ulcerations do not penetrate too

deeply, in pale, sallow patients; *Graphites* in lupus of the nose, with deep ulcerations; *Aurum mur.* when lupus takes its starting point from the mucous membrane of the nose, spreading thence to the bones and cartilages and then to the skin; in such cases *Acid. nitr.* and *Sepia* may also be thought of. Against the second stage (lupus hypertrophicus, tuberculosus), when of long standing, internal medication is fruitless; in recent cases *Conium*, *Baryta*, *Graphites* or *Sulphur* may be tried. The third or ulcerating stage defies internal medication; still *Arsen.*, *Sulphur*, *Phosphor.*, *Thuya*, *Carb. an.* and *veg.*, *Silicia*, *Kali bichr.* or *Alumina* may be indicated in certain individual cases.

Kafka (II., 488) cured a case of lupus serpiginosus by the methodical use of iodide of potassium, and another case of lupus exfolians facies with *Phosphor.*, in increasing doses.

Raue (*l. c.*, 67) remarks that such a violent local destruction must grow out of a deep constitutional disorder, and recommends *Arsen.*, *Caustic.*, *Cicuta*, *Staphis*.

Mayländer (*Int. Hom. Presse* I, 43) endorses Volkmann's surgery, and combines with it *Mercur.*³, but found that anti-scorfulous treatment does not eradicate lupus.

The attention of physicians must also be invited to the use of the *Hydrocotyle Asiatica*, which has acquired great reputation in the hands of several East India physicians. Boileau treated fifty cases of lupus with it (*Brit. Jour. of Hom.*, XVI., 463), in all of which the disease was arrested in a very short time.

Cancerous Affections.

Lupus exedens. *Ulcus rodens.* *Epithelioma.* All three can be thrown together as malignant ulcers, especially of the face, and as neoplasmata they are even called cancerous; but let us try to find out at first what cancer is.

Dunghlison used to describe it as a malignant growth,

which, by its uninterrupted progress or its return after extirpation, destroys life. Our latest writers on histology consider carcinoma of local origin, and even deny a cancerous diathesis in spite of the so often proven hereditary tendency of this disease, and explain the return of the disease not as a real relapse, but as an uninterrupted growth of the neoplasm. (Neftel, *N. A. J. of H.*, xxii., 66.) Others again consider carcinoma always a constitutional disease, and make a clear distinction between carcinosis and malignant tumors of local origin which are curable at least in their first stages.

Continental observers make no distinction between epithelioma and rodent ulcer, but English surgeons diagnose more strictly and define (Moore on *ulcus rodens*) the latter as a local ailment, being almost uninterruptedly continuous in its growth, from the solitary pimple in which it originates to an area of half the face. At the same time, however, that it has every local quality of cancer, it is so meagre a growth that it has no superfluous material for circulation in the blood to distant parts, and very little for the lymphatics and the textures nearest to it.

Hutchinson defines it as "an ulcer with hard sinuous edges, situated on some part of the upper two-thirds of the face, of several or perhaps of many years duration, almost painless, and occurring in a middle-aged or elderly person of fair health and without enlarged glands."

This comparative slowness of growth, the non-implication of the glands, and the non-undermined edges, differentiate rodent ulcer from epithelioma. Rodent ulcer is as rare on the lower as epithelioma is on the upper lip. The parts by far the most liable to be affected by the rodent ulcer are the eyelids and adjacent portions of the cheek. Next to them the nose is its favorite site, and the third in the list are the cheeks. If left to itself, it will slowly but surely advance both in extent and depth, and

will probably destroy the patient's life in the course of from ten to twenty-five years, death being eventually produced by the exhaustion consequent on suppuration, hæmorrhages, pain, etc., and very probably aggravated by inability to take sufficient food owing to the diseased state of the mouth. The younger the patient, the more rapid will be the course of the disease and vice versa; and the younger the patient, the more nearly is the disease allied to cancer and the more likely to recur after removal. (Hutchinson, *Med. Times and Gaz.*, Sept. 1860.)

Epithelioma is the common form of so-called cancer found in the lip, tongue, vulva, clitoris, penis and rectum. It affects especially the lower lip, the scrotum (constituting chimney-sweeper's cancer), the glands of the groin, more rarely the rectum. It attacks men more frequently than women, and rarely occurs before the age of thirty-five or forty, and shows its malignant character by a tendency to return in a part after its removal and to affect the system through the lymphatics. In rare cases it may also be found in the internal organs. It is essentially an infiltrating disease, according to Thomas Bryant (*Guy's Hosp. Reports*, 1863), beginning, as a rule, as a little wart or tubercle, and then gradually spreading, it may crack, fissure or ulcerate, and when this stage has been arrived at, we easily recognize its malignant character by the infiltration with the cancerous material, and the integument then presents the well-known indurated and everted edges; these appearances forming a marked contrast to the condition of integument which has been ulcerated or ruptured by over-distension in a simple or innocent growth. This ulceration has an eaten-out appearance, is roundish and bounded by hard, indurated, sinuous edges, which, in an advanced stage, are everted and undermined, in consequence of the extension of morbid action; the base of the ulcer is dirty or greyish, more or less papillated; it may be reddish and discharge a thin

fluid, or be disposed to scab over (Tilbury Fox, *Skin Diseases*, 383).

In our studies we have observed that lupus, nearly without an exception, attacks only healthy and even robust persons, and that it never leads to infectious morbid states of other organs, except, perhaps, some adjacent lymphatic glands. *Ulcus rodens* shows itself to us also as a mere local disease, although already of a more malignant type; while in epithelioma this malignancy becomes still more outspoken.

Friedländer (*Volkmann's Klin. Vorträge*, No. 64) considers all these neoplasmata as expressions of a *local tuberculosis*, as they, one and all, consist anatomically of closely crowded, often confluent, small tubercular nodules, with giant-cells and epithelial elements. He considers it wrong, therefore, to divide artificially what belongs together anatomically, and the formation of nodules, as found in lupus, in fungoid inflammation of the joints, in the serophulides of the skin and other ulcerative processes, may be studied together as local tuberculosis.

Hardy also thinks that all these affections possess certain common characters. They all involve the derma and often the deeper layers. They are usually circumscribed to one region, not having much tendency to become general; the ulcers have irregular "eaten" margins, not sharply cut, nor adherent to the parts beneath; the floor is fungoid, bleeding or covered with pale, soft, sometimes exuberant granulations; the cicatrices are depressed, with great loss of substance; and their insidious course as well as the great tendency to deforming and destructive processes proves them to possess considerable *local malignity*.

We know just as much of the ætiology of tuberculosis as we know of that of carcinosis. The treatment of epithelial cancer as well as of rodent ulcer, according to the old school, is summed up in one word—removal by the knife or by caustic, or by both conjoined, which is the

better mode of treatment, and the employment of a thoroughly tonic plan of general treatment. (Chloride of zinc ʒ iv., chloride of antimony ʒ ij., starch ʒ j., glycerine q. s. Use in ulcerous and tuberculous affections.)

Gilchrist (*Surgical Diseases*, 399) recommends for epithelial tumors: Acetic ac., Arg. nitr., Aurum, Chelid., Pulsat., Sulphur, Thuya.

Helmuth (*Surgery*, 884) recommends the enucleation process of Marsden and McLimont, combined with the internal administration of Arsen., Hydras. or Phytol.

Franklin (*Surgery*, II., 551) prefers the knife.

We see thus that this whole chapter belongs rather to the domain of surgery than to that of dermatology; still we would recommend in conjunction with electro-caustic treatment, the internal administration of well-chosen remedies, as for the *rodent ulcer*, Arsen., Bellad., Cicuta, Hepar, Hydrocotyle, Hydras., Mercur., Nitr. ac., Silicia, Staphis., Sulphur, Uranium; for *epithelioma of the lip*, Arsen., Bellad., Clemat., Conium, Silicia, Sulphur; or for *chimney-sweeper's cancer*, Arsen., Carb. veg., Clemat., Laches., Rhus tox., Secale, Thuya, etc.

Elephantiasis Græcorum.

Arctæus quotes as a reason for this name the resemblance of the tubercular and discolored skin to that of the elephant. It is also known under the name of leprosy or lepra arabum; and the chief seats of leprosy in recent times continue to be the same regions of Asia and Africa where it was originally seen and where it is known to have been most common in remote ages.

Its characteristic cutaneous feature is the development of a neoplasma, resembling the granulation tissue of lupus or syphilis, which invades the fibrous structures and the nerves, and the disease has been therefore divided into elephantiasis tuberosa and elephantiasis anæsthetica.

The earliest stage of the cutaneous (external as well as

mucous) manifestation is hyperæmic or erythematous, with the subsequent pigmentary change. Next follows the hypertrophic process, giving rise to prominent blotches, to papules and tubercles. To this succeed softening of the tubercles and ulceration, and lastly comes a process of disorganization and degeneration which results in the elimination of the flesh in the form of a transparent and viscid discharge, and enucleation of the bones divested of their covering tissues. (Wilson, *Lectures*, p. 229.) The disease is sometimes ushered in by lassitude, drowsiness, slight shivering, oppression at the epigastrium and nausea; there is an indefinite feeling of malaise, which may last from several weeks to many months; finally there appears a dull-red discoloration, in patches, followed by little tubercular formations, slightly elevated, varying in size from that of a small pin's head to that of the palm of the hand; these spots are round or irregular in form. From this moment the disease steadily progresses. In the early stage the sensibility of the parts may be increased in consequence of the pressure exerted by the blastematous effusion upon the nerves, but after a while diminished sensation sets in and increases until it becomes decided anæsthesia. After a time the spots fade and disappear; subsequently they reappear on other parts, of a deeper color, and become more or less confluent. The eruption usually again slowly disappears, only to return; and this alternation occurs several times, until at length the spots become permanent. The tubercles are most marked where there is much lax cellular tissue; therefore about the face, nose, lips, eyes, mouth and ear. The sebaceous glands now take on a hyper-action, hence the skin is oily and shining. The increase in the development of the tubercles produces terrible deformity; the surface feels thickened, knotty and uneven; the face is completely altered; the edge of the mouth and lips, the eyebrows, the alæ of the nose, the eyelids are all distorted

and thickened, the whole integument being dirty and sallow-like. Sometimes there is found a corrugated superciliary ridge, which gives a lion-like expression to the countenance, and suggested to the ancient Greeks the terms *Leontia* and *Leontiasis*, which are accepted synonyms of the disease. There is also pretty constantly associated with the tubercular growth of the superciliary ridges the loss of eyebrows. In other cases the ears—satyr-like—are deformed by tubercles. When the lower limbs are affected, the disease is generally most marked about the lower part of the thigh and ankle. Darting pains are often felt in the limbs and the lymphatic glands are frequently swollen; the tubercles themselves are not painful, but on the contrary sensibility is diminished in them. After an uncertain period the mucous membranes are involved; on the tongue and mouth spots and patches appear, which often bleed and grow into tubercles; indeed all the internal organs, with the exception of the pancreas, are finally affected, and the whole system becomes implicated; ulcerative action is set up everywhere with extreme destructive tendencies; finally diarrhœa from intestinal ulceration opens the last act of the drama and the patient succumbs to the marasmus. The disease may last from nine to twenty years and more, before death brings relief to the sufferer.

Elephantiasis anæsthetica. The mode of attack is generally more insidious, affects primarily the nervous trunks and very speedily leads to marked anæsthesia and subsequent destructive changes. Locally at the outset there are many subjective symptoms of heat, shooting, burning, pricking sensations about the hands or feet, with more or less weakness, followed by tenderness, pain and swelling along the course of the cutaneous nerves; ending in numbness and insensibility to irritants and wasting of muscles. The integuments get parched, dry, shrivelled, perhaps covered by a clammy sweat, and desquamate. Coinci-

dently or subsequently to this an eruption appears, consisting of erythematous patches, but especially of large-sized bullæ, occurring on parts previously anæsthetic, which break, and their place is supplied by superficial ulcerations, which, after scabbing, leave behind white, hard, hairless and glandless patches of disease. These patches are the result of changes in the nervous supply; they run one into another and vary in aspect from simple white atrophied circles to large "isolated but blended patches," with or without red vascular margins, passing through the stages in which the centre is first red, then brown or pale, and surrounded by a distinct pink border of vessels. The chief seats are the back of the hip, the front of the shoulder, about the elbows, on the forepart of the knee, over the temples, cheeks, trunk and limbs. The eruption is symmetrical and usually precedes the anæsthetic form. (Fox, *l. c.* 315.) Coincidentally with this white leprosy the muscles waste away, the fingers become distorted, the face haggard, shrivelled, the skin mummified or lax and loose. The conjunctiva are injected and vesicles are formed over them; the lids become atrophied and the lashes fall out. The nasal mucous membrane becomes dry; ulcers form and destroy the septum. Paralysis ensues in many of the muscles. The deeper parts now become affected and the bones suffer by interstitial absorption; fingers and toes drop off. During the course of the disease there is great thirst, moderate appetite, occasionally vomiting and pyrosis, a feeling of cold with torpor and drowsiness; there is not so much diarrhœa or suppuration as in the tubercular form, and the patient dies eventually, worn out by exhaustion, or is cut off by some intercurrent disease.

Bulkley (Neumann, *l. c.*, 369) remarks, that three prominent circumstances will strike the observer, which illustrate perfectly the differences of the two varieties: First, the obstinacy of healing in the former and the readi-

ness of the same in the latter. Second, the presence of pain in the former; its complete and wonderful absence and of sensibility in the latter. Third, the tendency to rapid destruction in the anæsthetic variety and the perfect preservation of the members in the tuberculous form.

The pathological manifestation of elephantiasis is a cachexia associated with colloid metamorphosis of the tissues and their subsequent destruction. Thus, in the case of the skin, the whole thickness of the derma is closely studded with minute globular cells, some accumulated in small clusters and others irregularly dispersed. This colloid degeneration extends through the connective framework of the soft parts down to the fibrous envelope of the bones and periosteum, and subsequently isolates and enucleates them. This same degenerated matter in combination with serous fluid constitutes the copious glairy transparent discharge so common to this disease. A similar process, set up in the connective envelope of the nerves, in their neurilemma, explains the destruction of its normal composition, as well as the loss of sensation and atrophy, and enables us to understand the spontaneous amputation of limbs without pain. (Wilson, *l. c.*, 242.)

In the treatment of leprosy, the first and most natural suggestion is that of changing completely the hygienic surroundings of the patient. Change to a better climate, to a more genial and more bracing air; sufficient exercise; exhilarating occupation and associations; bathing and cleanliness; good, nutritious and sufficient food. Medicines: quinine, ferro-phosphates of quinine and strychnia; mineral acids; arsenical preparations; of plants, the *Asclepias gigantea*, the *Hydrocotyle Asiatica*, the *Chaoul moogra odorata*, the *Veronica quinquefolia*.

Norwegian physicians recommend a generous diet, with cod-liver oil; internally sulphate of magnesia, arsenic, cantharides, iodide of mercury; and for the neuralgic

pains the iodide and bromide of potassium. Locally they paint the larger prominences with the acid nitrate of mercury, and the smaller ones with a solution of potassa fusa and distilled water, one part to two; while for effecting a similar purpose on the rest of the skin they employ baths of caustic potash and sulphuret of potash. In the anæsthetic form moxæ and issues are applied to the spine, and internally the iodide and bromide of potassium.

The Beuperthuy method of cure consists in a nutritious and generous diet, with good air and sufficient exercise, and the local application of the *Oleum Anacardii occidentalis* (turkish bath), and internally the perchloride of mercury in doses of $\frac{1}{26}$ of a grain, morning and evening. Aphthæ and ulcerations of the fauces and mouth he touches with a solution of nitrate of silver, $3\frac{1}{2}$ to 3 j., and for sanguineous discharges from the nostrils he injects a solution of alum. Œdematous swelling of the feet requires foot-baths of warm oil. (Wilson, *l. c.*, 250.)

Kafka (*l. c.*, II., 483) considers internal homœopathic treatment of no use whatever, but acknowledges that he has no experience in this disease.

Hughes (*Therapeutics*) recommends the *Hydrocotyle Asiatica*, and refers to Andouit's provings in the XVI. volume of the *British Journal*, p. 461.

Elephantiasis Arabum.

Spargosis, *buenemia tropica*, must not be confounded with the *elephantiasis Græcorum*. The disease usually attacks the lower limbs, and is mostly confined to one of them, but it may affect the scrotum, belly, breast, pudenda and other parts. It is characterized by hypertrophic growth of the cellular tissue of the skin, giving rise to general enlargement and alteration in the aspect of the skin, so that it becomes tawny, hard, dark, livid, thickened, often scaly and fissured, whilst by and by warty points appear, so that the skin looks and feels like that of

an elephant. The disease lasts a variable time, attacks all classes, and is non-contagious (Elephantiasis Græcorum is acknowledged to be extremely contagious). The disease frequently begins with febrile symptoms, darting pains and a feeling of tension in the course of the superficial lymphatics, which soon swell and form knotted cords, while the glands become swollen and tender. The superficial veins may also become hard and corded; occasionally there is diffused redness of the skin. The swollen parts are not so much painful as merely uneasy from tension. A repetition of fever occurs at certain intervals, and the size of the affected part bears a direct relation to the frequency of the acute attacks of fever and local inflammation. At length the skin is white and shining, or it is of a dark color, much thickened and studded with projecting veins. The lymphatic glands often suppurate or slough, the joints are sometimes invaded by chronic inflammation and the skin may become covered with scales, as in ichthyosis, or unhealthy intractable ulcers may occur. The muscles are often found pale and fatty, and even the internal organs are frequently in a state of fatty degeneration.

The disease is chronic, and the prognosis depends more on the general state of health than on the local disease. Such cases may be greatly relieved by the judicious combination of diuretics, rest, *firm and continuous bandaging*, together with mild mercurial friction of the limb. Continuous pressure by bandages or plaster of Paris casings diminish the size of the limbs; where ulceration takes place, it is a question whether amputation should not be performed. Vanzetti successfully employed compression of the arterial trunk supplying the affected part.

Kafka (*l. c.* II., 482) treats the erysipelas, lymphangitis or phlebitis, preceding this pachydremia, *pro re nata* and recommends for the disorganized cutis the internal use of Phosphor., Silicia, Sepia or Graphit., and externally compression from below upwards.

Hebra recommends tight bandaging and a steady renewal of it as often as the bandage becomes loose. The fissures secreting a foul-smelling fluid must be cleansed with a solution of Chlorine or Kreosote.

Franklin (*Surgery*, II., 831) mentions Arsen., Apis, Clemat., Graphit., Iodine, Lycop., Mercur., Sulphur and Thuya as worthy of a trial, as also the Hydrocotyle. If the disease has been seen too late and the limb has acquired such enormous proportions as to threaten the bursting of the skin, a few punctures should be made with a sharp-pointed scalpel and the serum permitted to escape through the artificial opening.

Toothaker (*Nervous Diseases*, p. 197) recommends the external and internal use of Hamamelis, continued for some length of time. Much attention should be paid to the general state of health, as well as to the appearance of the diseased parts, the kind of pain experienced, and many other circumstances which may guide in the selection of the appropriate remedy. In cases with ulceration, Arsen., Laches., Silicia may be found useful; for varicose tumors, Arnica, Laches., Pulsat.; for indurations, Calc., Lycop., Phosphor., Silicia, etc.

Furrel (*Bibl. Hom.*, Aug. 1871) speaks highly of *Myristica sebifera* in elephantiasis.

Sana (*A. H. Z.*, 1873) reports several cases of elephantiasis cured by the continued use of Silicia in different potencies and steady compression with a flannel bandage.

Keloid.

Keloid is a fibroid neoplasma of connective tissue, affecting the surface of the skin in the form of white or pale red, cord-like elevations, commonly found isolated on the upper portions of the trunk or extremities, and sometimes on the face. Alibert distinguishes a true and a spurious Keloid; the former is spontaneously developed without any known cause; the latter develops from the cicatrices

of burns and operations, and after small-pox, syphilis, and aene indurata, being especially frequent on the breast and back. The considerable amount of pain present distinguishes it from an ordinary scar. The consequences are those which follow in general from contraction of the skin, and vary according to location, as permanent flexion or extension of the joints, hindrance of mastication, atrophy of the affected muscles, etc.

The treatment of Keloid consists in improving the general health and preventing the irritation of the tumors. Fox recommends the continuous application of contractile collodion to the tumors, to which the hypodermic solution of morphia may likewise be applied for the relief of pain.

Arsen., Caustic., Phosphor., Nitr. ac., Rhus tox., Silicia and Sulphur have been recommended on mere theoretical grounds, clinical verifications being still a great desideratum. Graphites ought not to be forgotten, as according to Goullon it produces absorption of cicatrices.

Fibroma molluscum.

Fox (*l. c.*) describes two forms, fibroma simplex and fungoides. These new formations assume the shape of soft, purse-like appendages to the skin, from the size of a pea to that of a hazelnut, or even larger, attached by a small pedicle, and occurring singly or scattered over the whole surface. The region of the neck, the female nipples and labiæ are favorite locations for these growths: the palms of the hands and the soles of the feet are almost always free from the disease. The fungoid fibroma differs from the simple form by its tendency to ulceration, to rapid growth and to vascularity, and may become dangerous by gangrene and even cause death by marasmus or pyæmia. The microscope shows the tumor to consist of young gelatinous connective tissue, which forms large interstices, containing a yellow, expressible albuminous fluid,

traversed by a delicate, fibrinous net-work. There are also enlargements of the sweat and sebaceous glands, and increase of pigment in some tumors.

Hebra recommends their removal by the knife, scissors, ligature, ecraseur or galvano-caustic loop, the consequent hemorrhage being easily controlled. Fox uses the acid-nitrate of mercury to the smaller, and the joint use of that remedy and the ligature to the larger forms. After applying the acid, an oxyde of zinc paste may be used to prevent too much irritation.

Dudgeon (Hughes' *Therap.*, 467) states that in a case under his care such tumors were disappearing under the action of *Silicea* and *Lycopodium*. As the fungoid fibroma also affects children *Calcareo* ought to be remembered, especially the *Calcareo-arsenica*, as in the case mentioned by Fox, the whole of the tissue of the gums was enormously hypertrophied and the fingers markedly club-shaped.

Dermatolysis.

The fibro-cellular element is greatly increased and the skin hangs in loose folds; there is little vascularity; the sensibility of the part is diminished. Alibert mentions five chief seats of the disease, viz., the eyebrows, the face, the neck, the abdomen and the labia; but it may also affect other parts of the body.

Bromide of ammonium is recommended by the old school. Thuya or Aurum may give some relief, according to their pathogeneses.

Nævus vascularis.

Teleangiectasia, a bright or dark-red or even purple tumor, according to its communication with arterial or venous vessels, varying in size and sometimes including superficially large portions of the body. As a rule they are congenital and consist partly of newly-formed capillaries; sometimes we find fatty and connective tissue be-

tween the vessels; they enlarge slowly in height and breadth and are painless. Microscopic examination shows that the coats, calibre and radicles of the vessels are all hypertrophied and enlarged.

Venous naevi occur as prominent tumors of a purplish hue, smooth or lobated in outline, and somewhat compressible, doughy and inelastic to the touch. They are less exclusively confined to the upper part of the body, and in their structure consist of thin, tortuous and sacculated veins.

The treatment of naevi is purely surgical and electrolysis is now with most surgeons a favorite procedure. Where we have to deal with small tumors internal treatment might be tried before resorting to surgery. Hughes saw a naevus disappear under *Thuja*¹². *Calcarea* must also be remembered. Bonhof (*A. H. Z.*, 85, 197) gave *Cundarango*⁶ in a case of teleangiectasy, and its administration was followed by inflammation of the diseased spot and then came drying up, taking about three weeks for a cure.

Papillary Tumors.

True papillary tumors are verruca, cornu cutaneum, condyloma and ichthyosis.

Verruca, warts, are a hypertrophy of the papillae of the cutis and of the cuticle which covers them. Sometimes the epidermis sinks more deeply between the individual papillae, whereby the surface acquires a lobulated appearance and the wart seems to be formed of several separate parts put together. Warts are rounded, filiform or flat. The papillae of which they consist are either short or long; they vary in shape and are more or less numerous in each wart. Each papilla is supplied with a single vascular loop or loops, which come near the epidermis covering the papilla.

Warts may be snipped off and their bases touched with nitrate of silver, when they are pedunculated. When

they have a broad base of attachment they may be touched with strong nitric or acetic acid; the latter may be rubbed up into a paste with lac sulphuris. A good application to the warts of children is a mixture of equal parts of dilute hydrochloric acid and muriated tincture of iron. Plümbe advises a small piece of cantharidal plaster to be bound for a day or two on the crown of the wart with adhesive plaster, when it will be found to be soft and moist, with a little ring of vesiculation around its base. It may then be picked off to the level of the skin, when caustic ends the affair.

Helmuth (*Surgery*, 497) emphatically declares that it is never necessary to apply either nitric acid or lunar caustic. Internal medication is the most certain means for the eradication of warts. To accomplish this end the medicines are Calcarea, Causticum, Dulcamara, Natrum mur., Nitric acid, Rhus tox., Sepia, Thuya and Sulphur. He has often succeeded in the removal of warts by giving Calcar.³, two grains every night for a week, and following it with Thuya³, two drops night and morning, and applying Thuya in tincture to the wart at night.

Kafka (*l. c. II.*, 483) remarks on *verucosis*, where larger and smaller warts in great variety form on the hands, that such a state can be removed by the methodical use of Thuya, Nitric acid, Calcarea or Sepia. Begin with Thuya³, a dose morning and evening for hard warts covered with a layer of horny epidermis, and touch, in the morning after washing and at night before retiring, the warts with a solution of Tinct. Thuya dil. 1st. $\bar{3}$ i., Aq. dest. Spir. vin. $\bar{a}\bar{a}$. $\bar{3}$ j. The patient must not dry the hands, but must allow the fluid to dry up. Nitric acid suits soft warts covered with a less thick epidermoid layer, but for external use the acid must never be mixed with alcohol, as thus the acid would be chemically decomposed. Sepia suits for large and hard warts; Calcarea for the smaller and softer ones.

Antimonium crud. has cured smooth soft warts, especially on the neck, hands and arms (*O. M. and S. R. v. 5*, 147).

Holcombe (*N. A. J., of H., XIV.*, 17) praises the use of carbonate of magnesia, two or three grains three times a day for a long time, as this succeeded where all external applications failed.

Phytolacca internally and externally has eradicated verucosis, and the warts did not return.

Horns are usually made up of hypertrophied papillae, each containing one or more vessels, and being covered by epidermis; on section they have a granular texture pierced with small orifices, and when dry, numerous concentric cracks. They are in fact only largely developed warts, and are most common on the hairy scalp, forehead and temples, more rarely on the face and extremities, least often on the body, especially in women: their growth is slow and without pain. The treatment consists in the total removal of the growth at its base, together with its matrix. When this is completely accomplished there is no need of cauterization.

Condylomata are also hypertrophied papillae covered with epidermis. They are more vascular and softer than warts. They are met with on the inside of the thighs, on the perineum, about the anus, on the glans, or in corresponding situations in the female. They assume a great variety of shapes and depend upon the irritation of the discharges of gonorrhœa or syphilis, together with the natural perspiration, usually occurring in persons of dirty habits. Some of them have broad pedicles, some narrow; they may be cleft many times at their summit (mulberry-like) and are often compressed and flattened by the pressure of two opposing surfaces of skin. Mucous tubercles resemble condylomata in anatomical structure, so that they are called by some authors flat condylomata.

Excision is considered by many writers the only treatment necessary to a cure, but Jahr (*Veneral Diseases*, p.

152) found mere external treatment insufficient and recommends for broad, flat, bean-shaped condylomata, *Thuya*, *Nitr. ac.*; for elevated, cauliflower, raspberry-shaped, *Thuya*; for fan-shaped, *Cinnabaris*; for pedunculate, *Lycop.*, *Nitr. ac.*; for cone-shaped, *Merc. sol.*; for dry, *Thuya*, *Merc. sol.*, *Merc. cor.*, *Lycop.*, *Nitr. ac.*; for moist, suppurating, *Nitr. ac.*, *Thuya.*, *Sulph.*, *Euphras.*; for soft, spongy, *Sulph.*

According to their locality, when first manifesting themselves on the *glans*, *Nitr. ac.*, *Thuya*, *Cinnab.*, *Lycop.*, *Sulph.*; on the *prepuce*, *Thuya*, *Nitr. ac.*, *Lycop.*, *Merc. cor.*; on the *scrotum*, *Thuya*; on the *anus*, *Thuya*, *Euphr.*, *Merc. cor.*

Ichtyosis is a disease characterized in part by a moderate accumulation of epidermal matter, and in part by a hypertrophy of the papillary layer and thickening of the whole corium, with an alteration in the cutaneous glands. The chemical constitution of the epidermic cell is altered; there has been formed an excess of the inorganic ingredients, generally with an excess of fat and a decided trace of iron with phosphate and carbonate of lime, and in some cases silicea (Simon, *Hautkrankheiten*).

The scales of true ichtyosis may be thin and mother-of-pearl colored, adhering firmly in the centre, while the periphery is free and arranged in polygonal patches, (*ichtyosis nacie* of *Alibert*) or the epithelial masses are heaped on one another, dark-colored and likewise arranged in polygonal shapes (*ichtyosis simplex*, *serpentina*), or the epidermal growth may form spines, within which the lengthened and narrowed papillæ extend (*ichtyosis hystrix*, *porcupine skin*). The causes of this disease are unknown. In some families it is hereditary. Men suffer more from it than women. Amelioration usually takes place in summer and during the years of puberty, and an aggravation occurs during winter.

The scales turn frequently to a dark color, from dirt and

pigment; the dorsal and extensor sides of the extremities and of the trunk are most frequently the seat of ichthyosis, and it becomes an obstacle to free motion. Sometimes the disease remains limited to small spaces, as the knees or elbows, and forms moderate deposits of dark-colored epidermal cells along the distributions of certain cutaneous nerves.

Slight cases may last for years and not occasion much inconvenience save slight itching. Severe cases of it are incurable, painful, and lead sooner or later to exhaustion, and generally to tuberculosis.

In the treatment of ichthyosis patience and perseverance will be rewarded. Plumbe successfully treated two cases by strapping the affected parts tightly with adhesive plaster, which he then covered with a roller-bandage kept constantly moistened with cold water; the straps were changed every fourth or fifth day. Hebra recommends macerating the epidermis by the repeated use of warm baths, frictions with oily substances, as cod-liver oil; and in more severe cases the green soap is recommended to be methodically applied (*Schmiercur*) and the patient wrapped in woolen coverings. Hunt relies on Fowler's solution internally, and externally he uses pure glycerine mixed with Fowler's solution, diluted if necessary.

Kafka (*L. c.* II., 481) recommends *Phosphorus* internally and externally, as in acne indurata, as the remedy possesses near physiological relations to induration and hypertrophy of the skin. *Iodine* and *Aurum* deserve also to be recommended. Rane (*L. c.*, 608) mentions Calc. carb., Clemat., Graph., Hepar, Lycop., Petroleum, Plumbum, Sepia, Silic., Sulphur, Thuya. Rubbing with oil and afterwards taking a warm bath is best suited to remove the hard scales. Pratt (*Tr. H. M. S. of N. Y.*, 1870) relates a case of ichthyosis involving almost the entire body, especially the arms, thighs, legs and knees, which latter were covered with thick and horny scales, and cracks.

running in all directions. The function of the sebaceous follicles was entirely suspended; scales that fell off were soon replaced by new ones; there was no moisture on the skin. Arsen.³, three powders a day, and Sulphur⁶, twice a day, for about three months, resulting in a complete cure.

There is a condition which has been described under the name of *ichtyosis congenita*, the whole surface of the body being covered with laminae of cuticle, loosely adherent to the cutis, which is unaltered. The children thus born have died in a few days. Hebra calls this affection *ichtyosis sebacea neonatorum*.

Atrophy.

Rokitansky understands by atrophy a removal of the elements forming a tissue without a proportionate replacement of the same, and this occurs either from a lack of formation of a sufficient number of elements or from the loss of more than are formed anew. Neumann (*l. c.*, 301) recognizes a *true atrophy* where the elements have diminished in size or shrunk, and a *qualitative atrophy* where the elements degenerate. *Atrophy of the skin* may take place from the pressure of tumors, rendering the cutis thin, shining and transparent, the lines and wrinkles disappearing; the papillary layer also atrophies and the epidermis finally ruptures, leaving the rete Malpighi exposed. We may also have atrophy of the skin in consequence of chronic cutaneous disorders or after exhaustive diseases like typhus.

The senile alterations in the skin consist principally in a diminution of the tissue of the cutis, which results from a contraction of the same, so that it becomes thinned, and this is generally accompanied with changes in texture which are designated as fine granular degeneration, senile shrinking, vitreous degeneration, etc. These retrograde metamorphoses are in harmony with the disturb

ances of nutrition of old age in general, which depress the whole organism. To the senile changes also belongs a perceptible diminution in the elasticity and extensibility of the skin. (Neumann, *l. c.*, 314).

One of the most interesting atrophies of the skin is the atrophy of the bulbs of the hair of the scalp, which always causes a falling out of the hair (*calvities*, *alopecia*). It may be congenital, accidental or normal (senile). The former is rare; generally downy hair studs the surface and proves the existence of bulbs, though in an inactive state. Second, accidental and partial, as in parasitic diseases, or general, from such causes as lower the vital tone. Third, senile. When the bulbs become atrophied, but do not perish entirely, the formation of hair may not cease entirely, but instead of a natural growth we see only thin, short, slightly curling apologies, known under the name of lanugo.

In alopecia senilis, as well as in calvities præmatura of young persons, the hair begins to fall out just on the crown of the head and on the temples, while that on the back of the head, and the beard, may continue to grow during the whole of life. Kölliker asserts that the falling out of the hair in old age depends upon an obliteration of the capillaries of the hair-papilla, and on atrophy of the cerebro-spinal and vaso-motor nerves; but according to others the follicles merely become smaller and contain downy hairs. Neumann found both the hair-follicles and the root-sheaths shrunk, the cells of the outer at first increased and afterwards diminished in number, or with a fatty degeneration, and surrounding a fine hair whose root is likewise greatly thinned and pigmented, while the sebaceous glands are very considerably enlarged and are located beneath the fundus of the hair-sac. (Parasitic hair diseases will be treated of in the chapter on parasites).

Kafka (*l. c.* II., 486) acknowledges that all treatment is futile if we wish to accomplish a restitution of the atro-

phied hair-bulbs. In partial atrophy, showing itself by lanugo, he advises to shave off all these little woolly hairs and to rub into the scalp morning and evening some pure Cologne water or a solution of liquid Ammonium caust. (℥ i. to ℥ iiij. distilled water).

Where the hair has fallen out in consequence of severe diseases (loss of vital power) nutrition is at a low ebb, but with a restitution of strength the bulbs may also recover and a new growth of hair appear. For the defluvium capillarum *Calc. carb.*⁶ or *Natrum mur.*⁶ are valuable remedies which ameliorate the constitutional relations and rouse up the sunken energies. A nutritious diet and fresh air are our best adjuvantia. Where the patients are extremely weak and reduced the use of Cinchona is necessary, and we may also externally apply a solution (Tinct. Cinchonæ ℥ i. aq. dist. ℥ iii.). Where high grades of anæmia should require Ferrum we may also use it externally (Ferrum acet. grs. iii., aq. destil. ℥ iii.).

The premature turning grey of the hair is caused by loss of pigment and has happened suddenly, or it may gradually take place. Landois believes that this disease stands in immediate connection with some affection of the nerves, which, as they frequently exercise a depressing influence on the whole organism, and can thereby produce chronic or acute diseases, may also occasion a disease or a turning grey of the hair. For this turning grey Pfaff recommends Sulphur internally and frictions with the yolk of an egg, which, as is known, contains sulphur and iron. *Lycop.*⁶, *Graphite*⁶, or *Hyosc.*³ may perhaps retard this disorder; but Kafka has most confidence in *Natr. mur.* internally as well as externally, which caused in some cases a restoration of a fine crop of hairs. Hughes (*Therap.* 469) found Phosph. ac. serviceable when the falling of the hair resulted from general or local debility. Where syphilis might be suspected Fluor. ac. may be thought of. In non-syphilitic cases Mr. Hunt leads us to expect great things

from Arsen. Teste promulgates some curious experiments with Aloes, which in the sixth dilution produces and cures falling of the hair in adults. Raue (*l. c.*, 37) gives the following therapeutic hints: *Kali carb.*, with great dryness of the hair; *Hepar*, *Phosph.*, *Sepia*, *Silic.* after chronic headaches; *Kali carb.*, *Nitr. ac.* after nervous fevers; *Phosph. ac.* after great anxiety and grief. Besides these compare Ambra, Ammon. carb., Baryta carb., Calc. carb., Conium, Graphit., Lycop., Natr. mur., Sulphur, Zinc.

French physicians recommend for accidental alopecia to mix a drachm of Tinct. of Phosph. with one ounce of Castor Oil, the bare spot to be rubbed with this mixture three times a week for half an hour each time, after the skin of the head has been thoroughly cleansed with warm water without soap.

Diseases of the Nails.

The nails may also suffer from hypertrophy, atrophy and degeneration.

In the hypertrophy of the nails (*onychogryphosis*) the nails may increase in length and become curved inward, or they may be augmented in thickness. All the nails may be affected or only individual ones; they grow rough and uneven, lose their shining appearance, become separated from their matrix or break into longitudinal or diagonal clefts. According to Virchow we have either large lamellae of nail heaped on each other, with interstices surrounded by horny layers (medullary spaces), or the whole nail acquires a conical or cubic form. The nail-bed becomes shortened and the nail itself contracted. Finally we have talon-shaped nails, in which the anterior portions crumble away. Nails may even sometimes curve spirally (Neumann, *l. c.*, 285).

Graphite shows among its symptoms a thickening of the finger nails; also *Alumina*, *Calcarea*, *Mercur.*, *Sabadil.*, *Sepia*, *Silic.*, *Sulphur*.

Atrophy of the nails, accompanied with change of structure, is more common in the toes than in the fingers; the nails lose their lustre and smoothness and do not grow. They seem to be made up of layers lying one on the other, the upper being shorter than the under layer; they are in substance dryer and more brittle. By degrees portions are broken off, and in this way the upper and then the under layers are removed. Before the nail is entirely lost there often remain for a considerable time small irregular fragments near the base of the nail. This condition—another retrograde metamorphosis—is sometimes met with in old people, although it has been observed in young people.

For this *breaking, peeling off* and *splitting of the nails* the study of the following remedies is advised: Alumina, Curare, Graphit., Mercur., Sepia, Silic., Squill., Sulphur; for *falling off*: Antim., Arsen., Helleb., Mercur., Secale, Sepia, Squill., Thuya.

We must distinguish *simple onychia* from the parasitic or malignant form. The former is characterized by the usual symptoms of inflammation, which is commonly set up on one side of the nail, in the angle of the tissue in which it is implanted. There is no discharge of pus, the nail gradually loosens, becomes dark-colored, shrivelled, and finally is completely detached. A new nail soon makes its appearance, but is liable to be badly shaped. Gilchrist (*l. c.*, 297) recommends Arnica, Silic. or Sulphur, and when occurring traumatically, in the absence of any specific taint, he relies on Arnica. Jahr recommends Hepar as almost specific, after which Lachesis acts well; and if ulceration should have set in, Silic. or Sulphur. Where the phlegmonous inflammation attacks the lymphatics and the pains run in streaks up the arm, Rana bufo has often given relief. Fluor. ac. has hardly ever disappointed us in the treatment of simple onychia, externally applied (1 to 20), and the 30th or 200th potency internally.

Parasitic Diseases of the Skin.

Hogg, in his monograph on the "parasitic origin of skin diseases" regards the following as of a fungoid or parasitic origin: favus, trichoses furfuracea, alopecia, sycosis, chloasma; but very considerable differences of opinion exist among authorities as to the part played in certain cutaneous affections by vegetable organisms. Fox and Bennett consider the fungus as a something superadded to the diseased condition, "an eruptive disease plus a parasite." Others, on the contrary, consider the fungus the sole cause of the disease and give a generic name to each fungus (Küchenmeister).

Favus.

Porrigio favosa, *porrigio lupinosa*, *favus dispersus*, *tinea favosa* (*achorion Schönleini*).

Prof. Bennett writes: "I believe that the pathology of favus is best understood by considering it essentially to be a form of abnormal nutrition, with exudation of a matter analogous to, if not identical with, that of tubercle, which constitutes a soil for the germination of cryptogamic plants, the presence of which is pathognomonic of the disease. Hence is explained the frequency of its occurrence in scrofulous persons, among cachetic or ill-fed children, and the impossibility of incubating the disease in healthy tissues, or the necessity of there being scaly, pustular and vesicular eruptions on the integuments previous to contagion. But, assuming the possibility of inoculation in healthy persons, it follows that the material in which the vegetations grow, may, at the commencement, in a molecular exudation, be formed primarily or secondarily; that is, there may be want of vital power from the first, as occurs in scrofulous cases, or there may have been production of cell forms such as those of pus and epidermis, which, when disintegrated and reduced to a like molecular and granular material, secondarily con-

stitute the necessary ground from which the parasite derives its nourishment and in which it grows."

Tinea favosa or true favus is characterized by sulphur-colored, dry incrustations of varying thickness, sometimes disposed in the form of cups and sometimes in a more irregular manner. The crusts have a peculiar mouldy odor, somewhat resembling that of mice. It occurs on any part of the skin on which hairs are found, but its favorite seat is the scalp. The crusts are almost entirely composed of fungoid filaments, epithelial scales and broken hairs, have an outer concave and inner convex surface, and are lodged in depressions in the skin corresponding to their thickness. When the crusts stand isolated, the disease is called *favus dispersus*, when confluent *favus confertus*.

The first form of the disease—the *favus dispersus* (or disseminated)—is the more common, and there is in the beginning an increased production of cuticle round one or more hairs; occasionally there is a small red ring. The hairs thus surrounded lose their glossy character, become dull and are changed in color. A little later, small yellow concretions of the size of millet-seeds appear, attached to the under surface of the epidermic scale around the hair; the hairs become still more changed and are easily pulled out. At first there is no central depression, but a spherical elevation traversed by a hair; this increases in size, maintaining its circular form and assuming a central cup-shaped depression. This cup-shaped mass is an individual favus, whose outer layers are of deeper color than the central ones, which turn pale. The separate favi may go on increasing till they measure half an inch in width. After a time the circular form is lost, the outline becomes irregular, and contiguous masses run into each other, and in this way the whole scalp may be invaded (*favus circulaire cohérent*). There may be intermingled with this characteristic and peculiar material, spots of blood and pustules. At a later stage permanent baldness ensues

from the destruction of the hair follicle and its papilla; the scalp is then left pale, smooth, shining and rather hard to the touch. In the second form (*favus nummularis*) the disease attacks circular patches of hair instead of single hairs. The excessive production of epidermic scales is more marked; the hairs, for a short distance up their shafts, are surrounded by them; they are white and form an adherent network of a gummy appearance (*favus squamosus*, *tinea furfuracea*).

In a third form the affected parts have not a circular outline, but are irregular and elongated. It seems as if the parasite in this case developed itself upon the shafts of the hairs, on which it forms for some distance a network uniting them strongly to each other. The tendency of the favus masses, when left to themselves, is to exhaust the parts which they affect by destroying the hair. (Hillier, *l. c.*, 257.)

The fungus is the *achorion Schönleini* according to most authorities, although Hebra and Hutchinson make all parasitic skin-diseases depend on a single fungus, being led to this opinion from the clinical experience that compresses and bandages used as water-dressings frequently produce favus, herpes tonsurans and even a combination of the two. Neumann considers with Hillier that the *achorion* is a morbidly altered penicillium, which, by virtue of its great power of acclimatization, is more suited than many other nearly-related fungi to vegetate on the human skin; but the apparent differences in the fungi found on the skin depend almost wholly on the food or nourishment supplied, whether the pabulum contains more or less of a saccharine, albuminous or nitrogenous material, etc.

The general health of favus patients is said to be good, but constitutional symptoms are marked in most cases, and, whenever there is a deranged state of health, we find it associated with enlarged lymphatic glands of the neck or of the mesentery, and lung mischief. Uncleanliness,

bad food, bad living, damp dwellings necessarily exert their influence upon such patients. Hebra lays much stress upon the feature of *dirty* as a cause of favus, and observes that this accounts for its rarity among the upper classes of society. The disease is always a chronic one, and cleanliness, good food and fresh air the necessary conditions for amelioration. Favus patients need good food and plenty of fat. Cod-liver oil and iron are therefore favorites in this disease. Locally, the hair must be cut short, the crusts removed by soaking with oil or hyposulphite of soda lotion, or, if preferred, sulphurous acid lotion, or they may be loosened and in chief part got rid of by poulticing. When the scalp is cleansed the hairs must be extracted and parasitocides applied at once, as, for example, of hyposulphite of soda ℥ iii , dilute sulphurous acid $\text{℥ } \frac{1}{2}$, water q. s. ad. ℥ xvi . A certain portion of surface should be cleansed each day, the whole head being meanwhile kept moistened with sulphurous acid lotion. When the number of parasites has been diminished, the air may be excluded by the free use of ointments after a good application of some parasiticide. The after baldness must be remedied by stimulation, though it is impossible in some cases to induce the growth of hair, from the fact that the hair papillæ have been completely destroyed by the inflammatory action set up by the fungus. (Fox, *l. c.*, 432.)

Although Kafka decries all internal homœopathic treatment and relies more exclusively on parasitocidal means, Teste (Diseases of Children, 200) considers the treatment of this affection the triumph of homœopathy. *Sulphur*, *Dulcam.*, *Viola tric.*, *Oleand.*, *Hepar* form the basis of the therapeutics appropriate to the different shades of this exanthem. Sulphur and Dulcam. are especially adapted to the humid form of the disease in children of blonde and fresh complexion. *Viola tric.* may be alternated with either when the itching is very violent. *Oleand.* is



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